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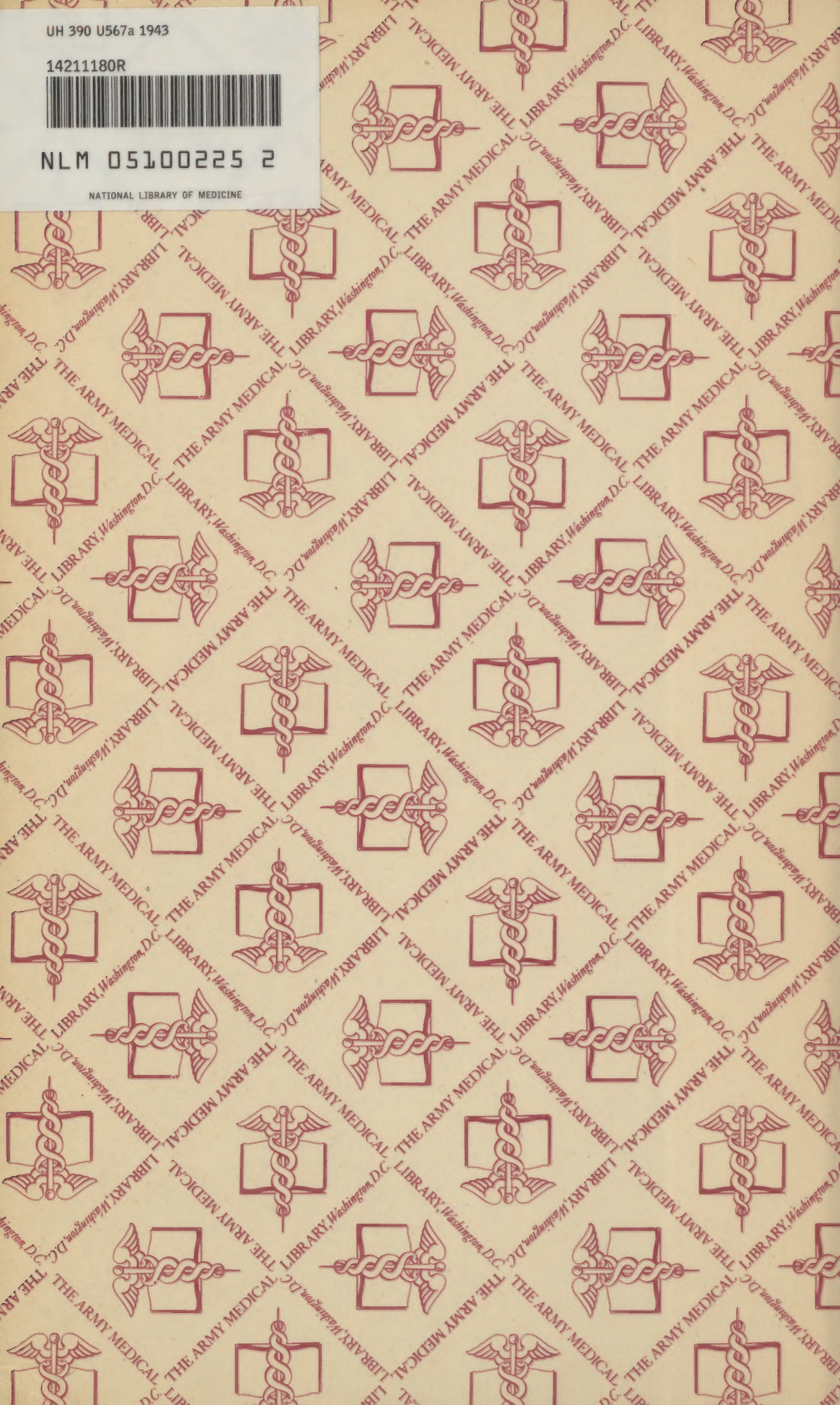
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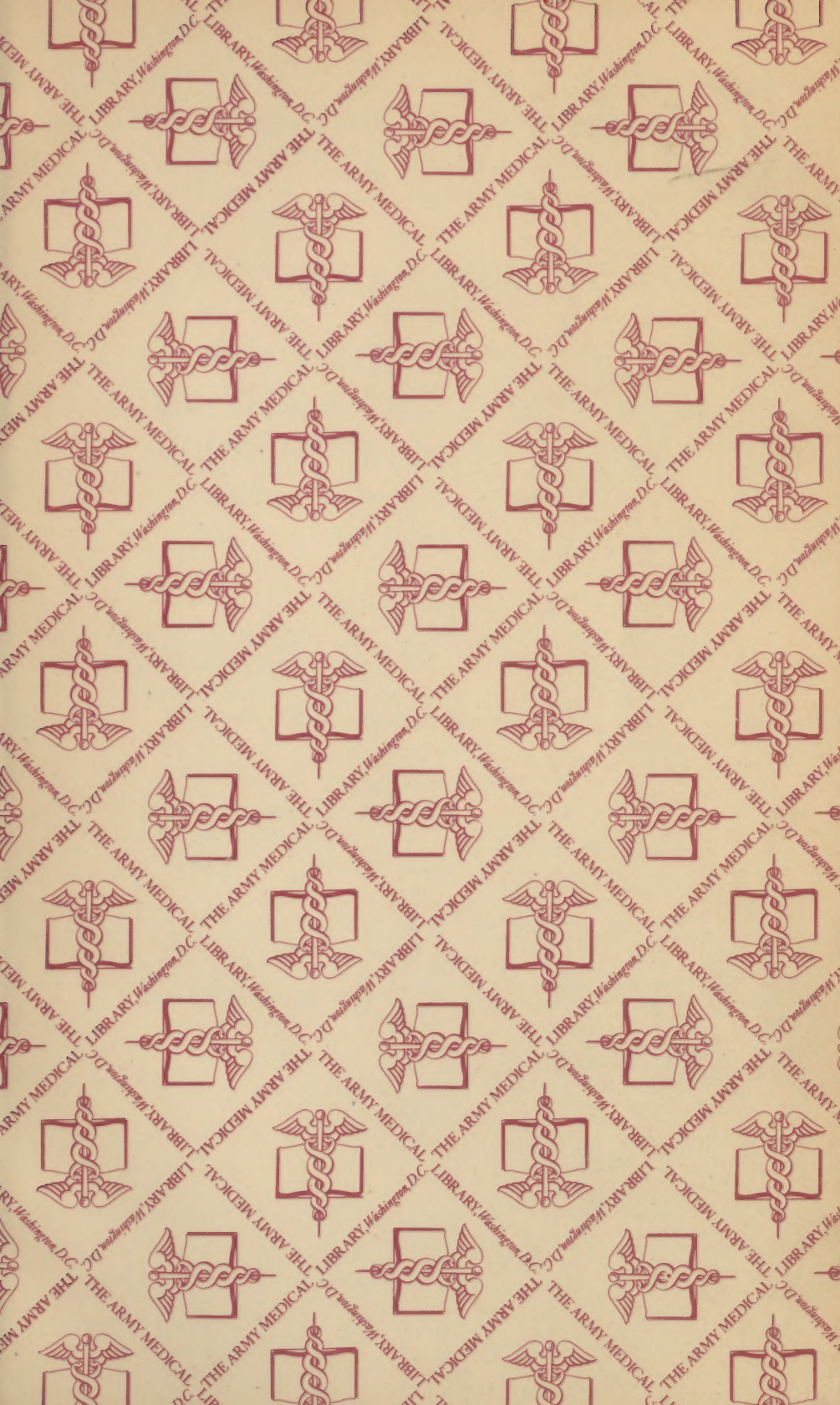
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APPOINTMENT OF FEMALE PHYSICIANS AND SURGEONS IN THE MEDICAL CORPS OF THE ARMY AND NAVY

HEARINGS

BEFORE

SUBCOMMITTEE NO. 3 OF THE COMMITTEE ON MILITARY AFFAIRS HOUSE OF REPRESENTATIVES

SEVENTY-EIGHTH CONGRESS

FIRST SESSION

ON

H. R. 824

A BILL TO AMEND THE ACT OF SEPTEMBER 22, 1941
(PUBLIC LAW 252, 77TH CONG.), WITH RELATION
TO THE TEMPORARY APPOINTMENTS OF OFFI-
CERS IN THE ARMY OF THE UNITED STATES

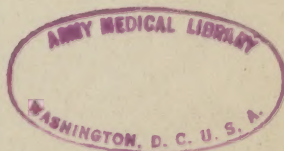
AND

H. R. 1857

A BILL TO PROVIDE FOR THE APPOINTMENT OF
FEMALE PHYSICIANS AND SURGEONS IN THE
MEDICAL CORPS OF THE ARMY AND NAVY

MARCH 10, 11, AND 18, 1943

Printed for the use of the Committee on Military Affairs



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MARCH 10, 11, AND 18, 1943



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APPOINTMENT OF FEMALE PHYSICIANS AND SURGEONS IN THE MEDICAL CORPS OF THE ARMY AND NAVY

WEDNESDAY, MARCH 10, 1943

HOUSE OF REPRESENTATIVES,
SUBCOMMITTEE NO. 3 OF THE
COMMITTEE ON MILITARY AFFAIRS,
Washington, D. C.

Subcommittee No. 3 met at 10 a. m., pursuant to call, Hon. Matthew J. Merritt, chairman of the subcommittee, presiding.

Mr. MERRITT. The subcommittee will please come to order. This is Subcommittee No. 3 of the Committee on Military Affairs. We have assembled to hear the testimony to be given on H. R. 824 and H. R. 1857. H. R. 824 was introduced by Mr. Celler, of New York; H. R. 1857 was introduced by Mr. Sparkman, of Alabama. The bills are as follows:

[H. R. 824, 78th Cong., 1st Sess.]

A BILL To amend the Act of September 22, 1941 (Public Law 252, Seventy-seventh Congress), with relation to the temporary appointments of officers in the Army of the United States

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled, That the Act of September 22, 1941 (Public Law 252, Seventy-seventh Congress), be amended to read as follows:

"That during the present emergency, temporary appointments as officers in the Army of the United States may be made, under such regulations as the President may prescribe, from among qualified men and women without appointing such men and women as officers in any particular component of the Army of the United States. All men and women so appointed as officers shall be commissioned in the Army of the United States and may be ordered into the active military service of the United States to serve therein for such periods of time as the President may prescribe. Such appointments in grades below that of brigadier general shall be made by the President alone, and general officers by and with the advice and consent of the Senate: *Provided*, That any appointment made under the provisions of this Act may be vacated at any time by the President, and, if not sooner vacated, shall continue during the present emergency and six months thereafter. *Provided further*, That any man or woman appointed as an officer in the Army of the United States under the provisions of this Act shall receive the same pay and allowances and be entitled to the same rights, privileges, and benefits as members of the Officers' Reserve Corps of the same grade and length of active service: *And provided further*, That nothing contained in this Act shall be construed to prohibit the appointment of officers in the various components of the Army of the United States in accordance with existing laws.

[H. R. 1857, 78th Cong., 1st sess.]

A BILL To provide for the appointment of female physicians and surgeons in the Medical Corps of the Army and Navy

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled, That hereafter during the present war and six months thereafter there shall be included in the Medical Departments of the Army and Navy such licensed female physicians and surgeons as the Secretary of War

and the Secretary of the Navy may consider necessary, whose qualifications, duties, and assignments shall be in accordance with regulations to be prescribed by the Secretary and who shall be appointed and at his discretion removed by the Surgeon General of the Army or Navy, subject to the approval of the Secretary of War or the Secretary of the Navy. Those appointed shall be commissioned in the Army of the United States or the Naval Reserve, and shall receive the same pay and allowances and be entitled to the same rights, privileges, and benefits as members of the Officers' Reserve Corps of the Army and the Naval Reserve of the Navy with the same grade and length of service: *Provided*, That female physicians and surgeons appointed under this Act shall only be assigned to duty in hospitals or other stations where female nurses are employed.

Mr. MERRITT. I understand, Mr. Celler, that you have a statement to make in regard to this legislation.

STATEMENT OF HON. EMANUEL CELLER, A REPRESENTATIVE IN CONGRESS FROM THE STATE OF NEW YORK

Mr. CELLER. Mr. Chairman and members of the subcommittee, I am very happy to have this opportunity to express a few remarks concerning the bill which I have offered, H. R. 824, and the bill which our distinguished colleague, Mr. Sparkman, has offered, H. R. 1857. I am indeed in favor of both those bills, but I naturally prefer my bill. I believe it meets the general need for women's talents in the Army far better than the Sparkman bill. With reference to my own bill, I want, briefly, to give you the basis or genesis of its preparation and introduction. It would appear that there has been rather an archaic, a sort of mid-Victorian interpretation of Public Law 252 of the Seventy-seventh Congress, which was a bill to authorize temporary appointments of officers in the Army of the United States. That bill, you may recall, was adopted because of our expanding armies, and it provided for the commissioning of certain individuals, necessitated by virtue of that augmentation of the Army, and those commissions were to be for the duration of the war. Significantly that act, Public Law 252 uses the word "persons." For example, in part, that act reads as follows:

"That during the present emergency, temporary appointments as officers in the Army of the United States may be made, under such regulations as the President may prescribe, from among qualified persons"; in another part, the bill reads: "All persons so appointed as officers"; and in another place the word "person" singular, is used. The War Department has ruled that where the word "person" or "persons" is used in that act, only a man or men are intended, so we come to the inescapable conclusion that, as far as the interpretation of this statute is concerned, a woman is not a "person." That sounds rather mid-Victorian, and anyone who says that is simply giving us words as though they came out the holes of an old, moth-eaten parlor sofa; I am sure that you gentlemen realize that a woman is a "person" beyond peradventure of doubt. All my bill does is to change the words "person" and "persons" wherever they are used in that statute to "man and woman" and to "men and women."

Now, it would appear that the head of the Army Nurse Corps, a Miss Flikke, who is a major in the Army Nurse Corps, was recommended for promotion, and was actually promoted by the Secretary of War, or by the War Department, to the position of colonel; but the Comptroller General ruled that since Miss Flikke was a woman, she, therefore, was not a person, and the promotion could not stand up, because the Comptroller General in his ruling stated that he would

not approve the additional salary that Miss Flikke would receive as a colonel. He ruled that Miss Flikke would have to be termed Superintendent of Army Nurse Corps—as provided in the act setting up Army Nurse Corps—or hold her previous rank as major. She could not be elevated or promoted to the position of colonel because, as I said a moment ago, in the wisdom of the Comptroller General a woman is not a “person.” Thus a woman in the Nurse Corps could neither be advanced in rank as a commissioned officer nor could any woman be commissioned from civilian or professional life into any branch of the Army except as a WAAC or within the framework of the Women’s Army Auxiliary Corps, with all its limitations. That should certainly be rectified. That is a grievous error. That interpretation, to my mind, is naught but silly. We cannot leave the statute as it is; otherwise, to my mind, also, we would be stultifying ourselves. So as to make doubly sure that we will not get any such interpretations from any attempts hereafter, my bill has been offered. If it is adopted, then any doctor who happens to be a woman could apply, and she would not be denied because of her sex, if she were otherwise qualified.

Very significantly, also, a number of women doctors have applied for commissions, but they were turned down on the basis of the absurd interpretation promulgated by the Comptroller General and which I have outlined to you. More anomalous than that, the very niece of the Secretary of War, a very distinguished woman doctor, Dr. Barbara Stimson—I think I have stated her name correctly—applied for a commission as a doctor and was turned down because of this interpretation, and the inescapable conclusion is that her uncle deemed her not a “person.” She then went to Great Britain, which availed itself of her exceptional talents and attainments as a physician, and she is now a major in the British Army. At this juncture it is well to remind you, gentlemen, that almost all the warring countries avail themselves of women physicians and commission them. That is done particularly in Great Britain, in Russia, and others of the warring nations, and, although they are out of the war, in almost all the South American countries.

It might be asked, Why do not women doctors go into the WAAC’s? Well, they are loathe to do that. You heard Colonel Hobby testify yesterday that only five women doctors have entered the WAAC’s. So, women doctors are loathe to enter that channel into the armed forces. Remember also, in the basic act setting up the WAAC’s, there is the limitation that they cannot serve in areas of combat. Nurses serve in the theater of combat operations. The women doctors feel they can serve in the same areas and should not be thus restricted to the home front as WAAC’s are generally. The women doctors want to be treated on a parity with at least the nurse. They too want to serve in the danger zones, behind the lines, and minister directly to the wounded and maimed. They will not join the WAAC’s and be thus limited to treatment of women, say for colds, sore throats, upset stomach, and an occasional minor operation.

Mr. SPARKMAN. Mr. Chairman, will the gentleman permit an interruption?

Mr. CELLER. Yes; Mr. Sparkman.

Mr. SPARKMAN. Did you know, Mr. Celler, that this committee yesterday inserted an amendment in the WAAC bill to prohibit nurses and doctors from being taken in through the WAAC’s?

Mr. CELLER. I am very happy to have that contribution to the record. I did know it, and I am glad that you reminded me of it. That makes my bill or your own doubly necessary.

Mr. MERRITT. I was wondering whether or not you thought or had information to believe that we would have many women doctors make application to the Army in the event of the passage of this bill.

Mr. CELLER. I have every reason to believe if my bill were adopted that women doctors would come into the armed services in goodly numbers. The women and the men doctors who will testify later will indicate that, I am sure. Many of the women doctors have come to me and said personally that they would be only too happy to enter the armed forces if they could go into a situation which would be comparable with the Army Nurse Corps. Army nurses, as you know, can enter combat zones; they can go into theaters of operations. The WAAC's, if I remember the basic act which set up the Women's Army Auxiliary Corps, cannot go into combat zones—and I do not mean actually on the battle line or at the battle front—but nurses can.

Mr. MERRITT. How many women doctors are there in the United States?

Mr. CELLER. I shall ask Dr. Barringer to answer that question, Mr. Merritt.

Dr. BARRINGER. Between 6,000 and 8,000 are available. The 8,000 probably includes those who are retired. I should say that there are, roughly, 6,000 who are available for certain service, and the majority of those would be on the home front. It is a very small group that we are speaking for this morning, but it is the fittest group to do active work.

Mr. HARNESS. What is the purpose of this bill? Is it to remove apparent discrimination?

Mr. CELLER. Yes. I think women doctors have reached a situation where they should not be judged by sex; they should be judged by accomplishments and skill. The divining rod should not be sex.

Mr. HARNESS. Of course, in wartimes we have always felt that the men were the ones to fight the wars on the fronts, with the women supporting them in the rear.

Mr. CELLER. If that argument were sound, we would then apply it to the nurses. Certainly if nurses can go into theaters of war, then doctors, who are better qualified than nurses, should have the same right. Certainly, also, many of the women doctors are more accomplished than male doctors in some branches of medicine, and their skill in that regard is more urgently needed than that of the men; for example, in cases where the doctors are dietitians, physiotherapists, pathologists, or radiologists.

Mr. HARNESS. The Army is taking those categories in now.

Mr. CELLER. But the Army does not commission them. It takes them in but does not commission them. We do not give the proper inducements to women doctors to have them come in. You were not present, I think, at the inception of my remarks, when I stated that because of a very mid-Victorian interpretation of Public Law 252, the act authorizing temporary appointment of officers in the Army of the United States, women are not deemed persons and, therefore, cannot be commissioned. You certainly would not want to subscribe to that, I am sure.

Mr. HARNESS. You are speaking of the ruling of the Comptroller General?

Mr. CELLER. Right; which has been abided by and accepted by the War Department. There is no way by which that ruling could be tested, as far as I know, in the courts; it would be very difficult at least. Thus woman doctors are out in the cold. They haven't a chance.

Mr. SPARKMAN. Is not this the situation; that total war demands total effort, and it is not right or fair to have a great segment of our population, with a very definite contribution that they can make to the war effort, denied the opportunity to make that effort?

Mr. CELLER. Correct.

Mr. HARNES. Right there may I ask a question of you and the witness? Mr. McNutt, of the War Manpower Commission, and his medical board say that there is a shortage of doctors for civilian practice.

Mr. CELLER. That is true.

Mr. HARNES. They are taking all the younger men doctors into the Army. What is the civilian population going to do? Cannot the women doctors serve their country just as well by taking care of the civilian population as the men now going into the Army?

Mr. CELLER. Certainly; some women doctors can remain on the home front and some also go into combat zones, just as the male doctors, divide some at home and some in north Africa or the Solomons. Let each doctor, male or female go where he or she is best fitted. You would not want only female doctors on the home front.

Mr. HARNES. Would you not rather have a man in a combat zone than a woman?

Mr. CELLER. It does not mean that women doctors would go actually in battle and the actual shooting of bullets.

Mr. HARNES. They would be at the base hospitals and could be fired upon, bombed, and so forth.

Mr. CELLER. I do not understand why you make the distinction for women doctors and not for nurses. The latter go everywhere.

Mr. HARNES. I think that women doctors can render just as great service by staying at home and taking care of the civilian population and letting the men doctors go to the front.

Mr. CELLER. You will forgive my disagreement with you. You would not be satisfied, I am sure, if only woman doctor were left in your community.

Mr. HARNES. I do not want you to get the idea that I am opposing this bill; I am trying to get the background of it.

Mr. CELLER. I do want to have an opportunity to answer, if I may have the chance.

Mr. SPARKMAN. It is a matter of taking them from the areas that can best spare them. Of course, if some area were short of doctors, women doctors there would not be taken, just as men doctors would not be taken.

Mr. CELLER. That is correct.

Mr. SPARKMAN. But if there is another area in which there is a surplus of doctors, then you would say to take all of them, men and women alike.

Mr. CELLER. For example, in my city, New York, I am sure that we can spare a great many women doctors and the population will not suffer in any appreciable degree whatsoever. I am sure that that is the situation in many communities of the land. In other communities, where doctors are generally scarce, it would be mos

ill advised to drain off the medical talent, whether men or women. What I am driving at is this: that sex should not be the determining factor. More and more as we go on in civilization, that dawns upon us. For that reason I do hope that you gentlemen will give favorable consideration to either my bill or the bill offered by our distinguished colleague, Mr. Sparkman.

Mr. ARENDS. Is there a demand on the part of the War Department for inclusion of these doctors in the Medical Corps? I am a little amazed about the attitude of the War Department.

Mr. CELLER. The War Department wrote a letter to the chairman, which I think he will probably disclose to you, but that was written sometime ago. A good deal of water has gone over the dam since then. The War Department was opposed to Mrs. Rogers' bill or to Senator Reynolds' bill, as was unfolded yesterday, but it has changed its mind. Whether it has changed its mind definitely and irrevocably, on my bill or Mr. Sparkman's bill, I cannot now say; but a representative of the War Department is here and will disclose that to you.

Mr. ARENDS. What is the status of the Army now as to doctors? Does it have enough, or is it running behind?

Mr. CELLER. The Army needs doctors and nurses badly. It needs them; yet it will not take women doctors when they offer their services. That is why we are here this morning to remedy that defect. Frankly soon, in actuality, the War Department, I predict, will be compelled to take medical talents wherever it finds it. It will not be fussy about it in a few months. It is scraping the bottom of the barrel, as far as male doctors are concerned, now.

Mr. HARNESS. There is also a shortage of doctors in the civilian population.

Mr. CELLER. There is a shortage of doctors in all places.

Mr. HARNESS. I get letters almost every week from some community saying that all the doctors have been taken into the Army.

Mr. CELLER. The Army should have the best; you will agree with me on that, I think. Testimony will be offered, and you gentlemen probably know, as I started to say before, that women make better anesthetists, radiologists, bacteriologists, physiotherapists, and dietitians than men. If we are going to give the Army the best, let us give them the best medical talent with reference to those sciences. That is an additional reason why I do hope the War Department will not be hampered and that we will not have the Comptroller General putting a broomstick between the legs of the War Department, with silly interpretations as to the meaning of "person" to prevent it from availing itself of those talents that are available all over the land whether those talents are resident in a man or a woman.

I should like to ask permission to place in the record, and not take up the time of the committee now, letters which I have received from very, very distinguished personages from all over the country.

Mr. MERRITT. If you will give them to the reporter they will be included in the record.

Mr. CELLER. These letters have come from Virginia C. Gildersleeve, dean of Barnard College; Arthur Krock, political writer of the New York Times; Raymond Clapper, columnist; Frank P. Graham, president of the University of North Carolina; Mrs. Franklin D. Roosevelt; Mrs. Ogden Reid, publisher of the New York Herald Tribune; Pearl S. Buck, author; Lady Armstrong; Dorothy J. Ballanca, a very distinguished labor leader; Anne O'Hare McCormick,

a journalist; Mrs. Carrie Chapman Catt; and many others; but I shall not take the time now to enumerate them.

Mr. CELLER. She would be only a nurse. Remember a doctor involves college degree, medical degree, and years of training. Designation as a nurse is not commensurate with her talent, training, and dignity.

Mr. ELSTON. But she gets a commission as a first or a second lieutenant.

Mr. SPARKMAN. No; a doctor would not be eligible to be commissioned.

Mr. CELLER. She would have to be a nurse beyond peradventure of a guess.

Mr. ELSTON. If a woman is a doctor, she certainly is a nurse too; she has all the qualifications. [Laughter.]

Mr. CELLER. I am afraid that you are licked on that.

Mr. ELSTON. Could not the same thing be accomplished by amending the Army Nurse Corps Act and not by having separate legislation?

Mr. CELLER. I have no pride of authorship. I do hope that you gentlemen will select some remedy, but I still prefer my bill. My bill opens the door of opportunity to all professional women in the Army—doctors, dentists, and veterinarians.

Mr. MERRITT. As I understand it from hearing the gentleman testify, all he wants to do is to have an opportunity to have women doctors go into the Army regardless of the legislation necessary.

Mr. CELLER. You can channelize it in any way you want, but see to it that women doctors can be commissioned.

There is one other observation. The primary object of this legislation that I have offered is to do away with, as I said before, that decrepit interpretation of the temporary commissioning of persons in the United States Army, where the interpretation was that a woman is not a person.

Mr. DURHAM. I think the distinction between a nurse and a doctor is the educational qualifications required of doctors. Women doctors, as I understand it, have to complete the same courses as men do in order to become physicians.

Mr. CELLER. Yes, sir; there is no question about that.

Mr. Chairman, there are many other witnesses here. I could talk to you for a couple of hours, but I do not think it would be fair.

Mr. MERRITT. Mr. Sikes, have you any questions?

Mr. SIKES. No, Mr. Chairman.

Mr. MERRITT. Mr. Johnson?

Mr. JOHNSON. There seem to be a few viewpoints on this. One is that there is discrimination, which everybody here seems to agree upon. Do you think that the comparison between nurses and doctors is a fair one? What I am thinking about is this: As far as I know, most of the nursing is done, I think, by women. There is no pool of men nurses that we could use to select nurses from for the Army, so we take women. But there is a pool of nurses and doctors. Furthermore, I think it is just as important to have women doctors who can treat children and other people better than men can. It is important that we do not lose that group of people who are doing that very important work.

Mr. CELLER. It does not follow that the children would lose the talents of the women doctors. I feel, though, that since this is a total war, we need every ounce of manpower that we can have for

our own armed forces, and women doctors are just as much a part of that manpower as men doctors; therefore, we should avail ourselves wherever we can of women doctors who want to go into combat zones, just as nurses go into combat zones.

Mr. JOHNSON. They would be used mostly in base hospitals, I presume, which are behind the lines. Has any survey been made to determine if that would deplete the necessary number of women doctors in the country? I look upon them as being very essential to our home protection. They cover a field that the men do not cover. Have you or has anybody else made a study of the situation, to be sure that this would not drain off too many excellent women doctors?

Mr. CELLER. Subsequent speakers will cover that, but I should say that it is still up to the War Department to determine the qualifications and the positions, and if they find, for example, that there is an undue drain upon the women doctors as a result of a plethora of applications, the Secretary of War can say that he is not going to take any more applications. The Secretary of War is the best judge. We do not say that he must do it; all we do by this legislation is to empower him to do it. He is still the final judge.

Mr. JOHNSON. When a doctor is appointed, I do not believe a study is made of the home economies in the way of doctors. The War Department just considers a doctor's qualifications for appointment to the office.

Mr. DURHAM. There are boards in every State. There is a procurement service board in every state that goes over the field.

Mr. SPARKMAN. It is a State board merely. As a matter of fact, the Army will not take a doctor in until and unless he first gets clearance from his state board.

Mr. JOHNSON. Is that universal?

Mr. SPARKMAN. That is all over the country.

Mr. JOHNSON. That answers my question.

Mr. CELLER. In addition to that, there is the Manpower Commission.

Mr. JOHNSON. Then, that answers my question.

Mr. PHILBIN. Do you contemplate giving the rank of brigadier general under the terms of the provisions of this act?

Mr. CELLER. This bill amends the original act setting up temporary commissions. That original act provides for commissions above colonel, as colonel, and below colonel. If it is a brigadier general, there would have to be obtained the advice and consent of the Senate. But this would permit women to go to the full length. It does not necessarily mean that women would become generals or colonels. That would of course be up to the Secretary of War. But the barrier as to sex would be down.

Mr. JOHNSON. Below that of brigadier general; so that the rank of colonel would be the highest rank she would have?

Mr. CELLER. No, I do not think so. The original act embraces all commissions alike, from general, lieutenant general, and right down the line to second lieutenant. Women, with my bill, would be eligible but still the War Department would have to pass upon their qualifications for original appointment or advancement.

Mr. JOHNSON. So, you would permit these women doctors—any doctor appointed under the terms of this act—to have a rank higher than that of the present director of WAAC's?

Mr. CELLER. I do not say that that would be the result, but it is possible. It would be perfectly agreeable to stop at some line, if you wish, but there is no danger that it would happen, I am sure. You must have confidence in the War Department. It would be final arbiter.

Mr. MERRITT. Gathings?

Mr. GATHINGS. I have no questions.

Mr. MERRITT. I see Dr. Fenton here. Perhaps he would like to say something.

Mr. FENTON. I should merely like to reiterate what was said here about the amendment being included in yesterday's consideration of the WAAC's bill, that prohibits a physician from becoming a WAAC. We thought that that would open the back door for any women physicians, if there should be any, who were not qualified to be used in the medical profession, to come into the WAAC's without going through the regular procurement service, the Office of the Surgeon General, and so forth. However, I am entirely sympathetic toward the objective of this particular bill, and I think that there is a place for the women physicians, applying as the men do through the procurement service, with the proper qualifications, to become members of the Medical Corps of the Army.

Mr. CELLER. Thank you for your contribution, Mr. Philbin.

Be it remembered the Army Nurse Corps is specifically separated from the WAAC's. Both are in the Army of the United States. The professional women who are in the WAAC's are serving, namely, at desk jobs as stenographers, clerks, telephone operators, and administrative assistants. It has been said that the doctors might go into the WAAC's. They apparently have refused because of the limitations of the WAAC's. If they were to go into the WAAC's, we would have the anomalous situation of women doctors bunched together on a parity with stenographers, telephone operators, clerks, and assistants. Furthermore, they would be prohibited expressly from service in combat zones. They would not be recognized in a manner commensurate with their calling and training and attainments as doctors. Frankly, I am of the conviction that this whole discussion will soon be academic. The War Department will need doctors so badly in the not-far-distant future that they will take doctors in dresses or doctors in pants. The officials of the War Department will then come up to us post-haste begging us to make the changes in the basic commissioning act as embodied in my bill.

The opinions we have heard hostile to women doctors being commissioned smacks of the mauve decade. Denial of commissions to women doctors is due to mere tradition and old ideas. In this global war, such ideas and traditions have become outmoded. Women doctors are welcome in any clime where life is held precious. Why should our Army be an exception?

This total war calls for the utilization of every kind of manpower, and the woman doctor is as much a part of that manpower as is the farmer, the laborer, and the soldier.

The American woman doctor has responded nobly to the needs of mankind. In Russia, Australia, Greece, she has put her skill and experience to work. Nobody tells her that she doesn't belong.

Our boys have the right to every possible aid in the preservation of their lives. To prevent the use of such ministering skills as the woman

doctor possesses is to endanger them as surely as asking them to fight with imperfect and incomplete weapons.

In civilian life, the woman doctor in training and in skill has taken her rightful place beside the male. Accomplishment has been the measuring rod, not sex. Yet, in the midst of war where the need for the kind of service a doctor can give is so vastly multiplied, a goodly portion with the earnest willingness to serve is disregarded.

There is no legal bar to prevent their admission. England with 3 bitter years of war experience has made the woman doctor welcome, recognizing the undisputed value of her services. Nurses are accepted without a murmur of apology as an integral part of any Army with full military status and rank. Already their names appear upon the rolls of honor. Thus, again, why the barrier against the woman doctor?

We are told there is a dreadful shortage of doctors and that the shortage is placed, at times, as high as 9,000. Doubtlessly, you are having your difficulties in getting doctors of sufficient skill and experience. Would it not be to your advantage to give full membership and commissions to female doctors in the Medical Reserve Corps?

Mr. MERRITT. Is that all, Mr. Celler?

Mr. CELLER. Yes, Mr. Merritt.

Mr. MERRITT. I recognize Colonel Hobby, Director of the Women's Army Auxiliary Corps. I am wondering whether or not she would like to make a statement with regard to this legislation.

Colonel HOBBY. I had not planned to; I should be glad to if the committee wishes me to. However, Colonel Hauck, of the War Department, is here.

Mr. MERRITT. Colonel Hauck, will you state for us the viewpoints of the War Department on these bills?

STATEMENT OF LT. COL. C. J. HAUCK, LEGISLATIVE AND LIAISON DIVISION, WAR DEPARTMENT

Colonel HAUCK. The position of the War Department with respect to this bill, is, I think, very simple. We do not appear in opposition to it. The War Department recognizes the need for medical service both in the armed services and in the country generally. The War Manpower Commission, as Mr. Durham has pointed out, controls the allocation of doctors, irrespective of sex, between the armed forces and the home front. Before the Army can accept for appointment a doctor, male or female, it must have a clearance from the War Manpower Commission that that doctor can be spared at home. There are many places in the Army where we can use women doctors. We are using nine now with the Women's Army Auxiliary Corps. They were accepted as contract surgeons; then certain of them were appointed in the corps at their request. The principle, so far as the War Department is concerned, is that a woman physician shall be assigned to any duty which she is professionally qualified to fill. We feel, however, that for ease of administration it is preferable to assign those women to the Women's Army Auxiliary Corps. There is no branch, in the old sense, in the Army of the United States at the present time. If I may use myself as a personal example, I am a captain in the Judge Advocate General's Department of the Regular Army. I am presently on duty as a lieutenant colonel in the Office of the Chief of Staff of the Army of the United States. That branch

designation is merely an insurance policy, in my case, for a job when this war is over and the Army of the United States is demobilized. That is true of all officers of the Army of the United States. They may be assigned to any branch or to any duties which they are professionally qualified to perform. The War Department, therefore, yesterday advocated to the committee that the Women's Army Auxiliary Corps be placed in the Army of the United States. The commissioned members of it would be commissioned in the Army of the United States, and professional women, such as physicians, could then be detailed for duty with the Medical Department in any position whatsoever.

Mr. HARNES. Permit me to interrupt you, Colonel. This bill does not specify that women of any particular profession may be commissioned; it simply opens the door for women to be commissioned in the Army.

Colonel HAUCK. That is correct.

Mr. HARNES. In other words, a woman lawyer might be commissioned.

Colonel HAUCK. That is true.

Mr. CELLER. Or a dentist.

Mr. HARNES. Any woman who follows any profession, whether or not she is a doctor, may be given a commission in the Army of the United States.

Colonel HAUCK. That is true.

Mr. HARNES. It does not particularly follow that women doctors would be assigned to that particular work.

Colonel HAUCK. That is correct. There is no restriction in the bill as regards professions. I confined my remarks to the doctors.

Mr. MERRITT. That applies only to the Sparkman bill, which specifically refers to women doctors.

Mr. HARNES. Does that open the Medical Corps to the women?

Mr. CELLER. May I offer an observation there?

Mr. MERRITT. Certainly.

Mr. CELLER. When the women doctors applied for commissions, they were confronted with this act—Public Law 252—Seventy-seventh Congress—and with the interpretation placed upon it by the Comptroller General and the Secretary of War; so it is reasonable to assume that if the act is changed, my bill, the objections raised by the Comptroller General and the Secretary of War would not prevent the women doctors going into the Army.

Mr. HARNES. Would you want to make it possible for a woman who has no particular qualifications or profession to be commissioned in the Army?

Mr. CELLER. As I said before, the final judge would be the Secretary of War.

Mr. HARNES. Well, let us write it into the law; otherwise, we will be leaving it to someone else to say.

Mr. CELLER. Would you want to leave the act in such a way as to be interpreted that a woman is not a person?

Mr. HARNES. Of course not, but I think the law should be written by the Congress and that certain limitations should be placed in it. If you want to recognize women doctors, you should so state.

Mr. CELLER. That is perfectly all right. Put a limitation in the bill and make it apply only to female doctors, but I want you female

dentists and female veterinarians will be after you later on, and the Army needs them, too.

Mr. HARNESS. But to leave the door wide open for a person in the War Department—the Secretary of War or anyone else—to commission any woman for duty is a practice that is going too far and does not suit me.

Mr. MERRITT. I understand, Mr. Celler, that you have no objection to the Sparkman bill?

Mr. CELLER. I have no objection so long as it permits women doctors to come into the Army. We have to take the first step first. The first step is to change that ridiculous interpretation. That is, you must first accept and approve my bill.

Mr. DURHAM. Colonel, could you give us a break-down of the number of doctors you have in the Medical Corps at the present time?

Colonel HAUCK. I believe we have 1.7 doctors per thousand men.

Mr. DURHAM. At the present time how many women have you in the WAACs?

Colonel HAUCK. We have only nine women.

Mr. DURHAM. I am talking about personnel, now.

Colonel HAUCK. We have approximately 43,000, of which 14,000 are in the field at the present time. The President has authorized 150,000.

Mr. DURHAM. Then, at the present time you could possibly use around 400 or 500, based on your break-down?

Colonel HAUCK. Not that many at the moment, Mr. Durham, because that percentage includes field service, where more doctors are needed because of the casualties, so it would run slightly more than that for the training for administrative organization.

Mr. DURHAM. Will you place those figures in the record?

Colonel HAUCK. Yes, sir; I will insert accurate figures in the record.

Mr. MERRITT. Are there any other questions by members of the committee?

Mr. HARNESS. I am sorry to be taking so much of the committee's time. Colonel Hauck, you are familiar with the present Women's Auxiliary Corps legislation?

Colonel HAUCK. Yes, sir.

Mr. HARNESS. Under that legislation they can have women doctors in that corps now, can they not?

Colonel HAUCK. They can in the Women's Army Auxiliary Corps.

Mr. HARNESS. The Celler bill, H. R. 824, would not add a thing to the legislation already on the statute books, would it?

Colonel HAUCK. It would add nothing except that the appointment of the individual would be in the Army of the United States and not in the Women's Army Auxiliary Corps.

Mr. HARNESS. But they could be taken into the Women's Army Auxiliary Corps and serve just as well as they could if they were taken into the Army of the United States?

Colonel HAUCK. That is true.

Mr. SPARKMAN. That would not be true if the amendment which the committee inserted yesterday stays in.

Colonel HAUCK. There is one restriction in the existing law, and that is the restriction which prevents a member of the Women's Army Auxiliary Corps to be placed on combat duty. As General White said yesterday, there is a considerable question about what is combat

duty. It might, it seems to me personally, be satisfactory to say that no WAAC's or professional doctor's job is a combat job.

Mr. CELLER. May I make an observation at this point, too, Mr. Chairman?

Mr. MERRITT. You may, Mr. Celler.

Mr. CELLER. We must be realistic and practical. If you are going to take the women doctors into the WAAC's, then for practical purposes women will be used for only minor ills—colds, coughs, sore throats, and occasional appendix operations. They would be confined to the WAAC's beyond peradventure of doubt. They would be left with the WAAC's and confined to that arm of the service. The colonel can say all he desires but for practical purposes female doctors would be confined to WAAC battalions.

Colonel HAUCK. I must disagree with that, because the restriction of the Women's Army Auxiliary Corps at the present time is that they must be used to replace men. There is no restriction that the members of that corps are restricted to their own administration or their own duties. There is one in the Office of the Chief of Staff at the present time replacing a doctor. It is merely a question of their professional ability. They may be detailed for duty in any branch, in any capacity that they are professionally qualified to perform.

Mr. SPARKMAN. Do you not think that the morale would be much better, though, if women doctors and surgeons felt that they were a part of the Army of the United States, and if they felt that they were definitely tied in with the Medical Corps of the Army?

Colonel HAUCK. May I answer that question in two parts, Mr. Sparkman? I think that the morale generally would be better if the entire Women's Army Auxiliary Corps were made a part of the Army of the United States.

Mr. SPARKMAN. I agree with you.

Colonel HAUCK. However, I consider it immaterial whether, for administrative purposes, they are assigned to the Medical Department or the Women's Army Auxiliary Corps. I think that the question of their morale is the question of the duties which they will perform, the service which they will be able to give, and I do not believe that the question of whether they are assigned to the WAAC's or assigned to the Medical Department should affect them. It might be argued that an assignment to the Medical Department would give them much additional prestige over what they had in the WAAC's. Personally I feel that we should not permit personal matters of that nature to enter into the service which any of us can render in the conduct of the war.

Mr. DURHAM. It would apply to any profession.

Colonel HAUCK. Certainly it would. I consider myself a member of the bar of the District of Columbia, a qualified lawyer. I have not been on any legal duty for a period of 2 years; however, the administrative duties which I perform, I do not consider any detriment to my profession.

Mr. MERRITT. Are there any other questions by the committee?

Mr. ELSTON. The whole thing resolves itself into this, does it not—that under existing law women may be taken into the WAAC's organization and commissioned?

Colonel HAUCK. That is correct; yes, sir.

Mr. ELSTON. And they may perform duties as doctors either in the WAAC's organization or in any Army hospital?

Colonel HAUCK. Yes, sir.

Mr. ELSTON. Or in any capacity that the commanding officer sees fit to assign to them?

Colonel HAUCK. And which they are professionally qualified to do; yes, sir.

Mr. ELSTON. If the WAAC's bill should be amended and the WAAC's should be taken into the Army of the United States, women could be commissioned, then, and could perform duties as doctors. The only limitation, then, would be the amendment which this committee wrote into the bill yesterday, namely, that the women doctors have the same qualifications as the men doctors.

Colonel HAUCK. And the further amendment, sir, which the committee wrote in, to prohibit the appointment of women in the Women's Army Auxiliary Corps. If the committee wishes to insert that amendment into yesterday's bill, and that bill should become law, there would then be no way whatsoever in which we could appoint a woman doctor, because the committee would have barred her from the Women's Army Auxiliary Corps and the Comptroller General has barred her from the Army of the United States.

Mr. ELSTON. That is, as a doctor.

Colonel HAUCK. Yes.

Mr. ELSTON. She could still be appointed?

Colonel HAUCK. Yes. That amendment prohibited appointment of female physicians and nurses in the Women's Army Auxiliary Corps.

Mr. MERRITT. Are there any other questions by members of the committee?

Mr. JOHNSON. Colonel, are you willing to express a preference for either of these two bills? Would you prefer the Sparkman bill, which limits the situation to women in the Medical Corps, to the Celler bill, which opens the door so that women can be taken into the finance department, the legal department, or any other department in the Army?

Colonel HAUCK. I would rather not express my opinion in that respect. I should like to emphasize, however, that the War Department favors yesterday's proposal with respect to the WAAC's bill, but offers no objection to either one of these bills if the committee sees fit to adopt either one.

Mr. MERRITT. Thank you, Colonel Hauck.

Mr. CELLER. Mr. Chairman and gentlemen, I now introduce Dr. Emily Dunning Barringer. I should say that Dr. Barringer is a fellow of the American College of Surgeons, consultant surgeon for the New York Infirmary for Women and Children, a member of the house of delegates of the American Medical Association, chairman of a special committee of the American Medical Women's Association, Inc., to secure commissions for women physicians in the Army and Navy. She holds a great many other titles which I shall not now enumerate.

STATEMENT OF DR. EMILY DUNNING BARRINGER, CHAIRMAN,
SPECIAL COMMITTEE, AMERICAN MEDICAL WOMEN'S ASSO-
CIATION, INC., TO SECURE COMMISSIONS FOR WOMEN
PHYSICIANS IN THE ARMY AND NAVY.

Dr. BARRINGER. Mr. Chairman and gentlemen: The women physicians of America come before you today to ask you to give them proper wartime rating. The American Medical Women's Association, Inc., is a national association of women physicians. It has appointed a special committee to secure commissions for women physicians in the Army and Navy. Cooperating with this committee are other groups of women physicians, such as the Women's Medical Society of New York State, New Jersey Medical Women's Association, Women's Medical Association of New York City, New York Infirmary for Women and Children, Women's Medical College of Pennsylvania, and a coordinating committee of women physicians, many from the south and east, who have done me the honor to make me their chairman, and with us is our confrere, Judge Dorothy Kenyon, who has had charge of the legal side of our struggle and will address you in regard to it. On this occasion all of these various groups of women physicians are coordinating, and I lay before you our earnest joint appeal.

We have a large and growing support from our brother colleagues in the profession. The Medical Society of New York blazed the trail and has unanimously gone on record that women physicians shall be admitted to the Medical Reserve Corps of the United States Army and Navy with the full rights and privileges enjoyed by men physicians. The Medical Society of New Jersey has unanimously passed a similar but not identical resolution. Copies of these will be presented to you with our other endorsements. Undoubtedly other medical societies in due time would follow suit, but we cannot in this crisis wait for these societies to act. However, from every quarter individual men of the profession are giving vigorous support. Time is a great factor now. We are in the midst of a total devastating war. Manpower and womanpower are the supreme issues of the day.

Our situation deals with a class of highly trained professional specialists, who should be released at once for the vital services they are capable of rendering our armed forces.

Mighty support has come to us from other quarters not medical. The press of the Nation has stated our case fairly and squarely making it a common-sense appeal, but back of this has been a rare and amazing understanding of a small group of professional women, who are earnestly trying to give their best to the country in a time of dire distress. Many of the editors are personally vigorously championing our cause, but prefer instead of appearing in person before your committee, to speak through the columns of their newspapers.

Another most important group that is standing by to help us are the citizens of America, the men and women who know the woman physician intimately in her daily rounds of professional work in

times of peace. Many of the babies whom the women physicians have brought into the world, now to manhood grown, are speaking from the conviction that goes back to their earliest childhood, that the woman physician is a good and skillful one. Thoughtful men recall with gratitude perilous times when the woman physician has seen his beloved wife or child through some desperate illness or critical operation.

One of the most impressive endorsements we have had is from the American Legion. Those men know war at first hand, and they have gone on record as approving that a woman physician may go wherever a woman nurse does.

Among our endorsements are those from students, business and professional women's clubs, associations, and societies with an aggregate membership of upwards of 10,000,000.

In order to understand the many sides of our case, it will be necessary to briefly sketch the history of the American woman physician. When the state granted that first license to Elizabeth Blackwell nearly 100 years ago it settled the question that the woman physician should exist. In this hundred years that followed, the woman physician has had to find her way through the long hard entanglements of ignorance and prejudice. One by one she has had to prove that medical schools should be opened to her.

About the turn of the century she faced the ordeal of opening the general hospitals where she might get equal experience with men physicians in general medicine and surgery. And steadily over the years she has had increasing privileges in medical societies, associations, and the development of organized medicine here in America. Just prior to the present war the woman physician's position was very satisfactory with only a small residuum of old-time prejudice withholding from her complete equality with her brother physician.

But with the onset of this total war—the whole situation has gone into reverse for the woman physician. Representing only about 5 percent of the medical power of the country, she has been swept back 25 years by a War Department that does not realize that she even exists, and has made no adequate provisions for utilizing her services. At a moment when there is an urgent call for as many and as skilled physicians as possible for care of our Armed Forces—the potentialities of the woman physician are overlooked.

This is a moment of greatest responsibility for me. As chairman of this special committee to secure commissions, much important information as to the true state of affairs has come to me. I want to keep faith with the women who are relying on me to help them, and I trust that ability to properly present their problem will be given me.

I think that the crux of the whole matter is that the Medical Corps exists for physicians. It is there, in operation; it is completed. By allowing women physicians to be an integral part of the Medical Corps, you put the women physicians side by side with the men as physicians, not as men and women. They are part of a great corps that is ready, is in action, and should be used for the Army in time of war. If the women are sent through the WAAC's into medical positions, there are going to be all kinds of complications in connection with medical education. I wish particularly to bring that before you, gentlemen. I shall cite here four cases which tell the whole

story. They represent various phases of our problem. Commissions in the Medical Reserve Corps would solve each one of them.

The first is Dr. Margaret Janeway, of New York City, a young woman physician with a splendid practice. She had registered for war service and when the call came she was offered a position as contract surgeon in the WAAC's, with the hope of a commission to follow.

She asked me as chairman what she should do. Should she give up her excellent practice to take a contract surgeon's job? I told her that personally I believed she should so do, for the following reasons: Our country is at war, and the War Department asks her to do a definite job for which she is especially fitted, namely, general medical supervision of a large group of women. Out of patriotic loyalty to her country and fitness for the job she accepted the position of contract surgeon, but filed a protest with the War Department stating that she hoped it would lead to a commission. Today she is in north Africa serving with the WAAC's, commissioned a second officer, which is equivalent to the rank of first lieutenant in the Army, the rank given to male physicians upon graduation.

If Dr. Janeway were commissioned in the Medical Reserve Corps of the United States Army, she would surely rate the rank of major in her own professional right, with the superior salary and privileges thereof, and in case she were called upon to make the supreme sacrifice her loved ones would get commensurate protection.

I notice in the paper delivered before the Annual Congress of Medical Education and Licensure by Col. George F. Lull, that he states:

There is a demand for a certain number of women physicians for duty with the Women's Army Auxiliary Corps. Such physicians are hired as contract surgeons and sent to the Women's Army Auxiliary Corps training center at Fort Des Moines. After a period of training they are given commissions in the Women's Army Auxiliary Corps. Apparently few women desire this type of work, as less than a dozen qualified physicians have applied, although publicity has been widely distributed.

May I ask Colonel Lull why he thinks women physicians would especially desire these positions which are definitely lower than the Army offers young male interns on graduation from the hospital?

The second case I have in mind is Dr. Alice McNeal, of Chicago, director of anesthesia in the Presbyterian Hospital, which hospital has become Base Hospital No. 13, and has been ordered into active service. Dr. McNeal's papers were forwarded to the Surgeon General's office in Washington along with those of the rest of the medical staff, some 200 female nurses, technicians, and other personnel. All were accepted except Dr. McNeal, who was told there was no authorization to allow a woman in the Medical Corps. She then offered to go as a contract surgeon, so anxious was she to remain part of the operating team that she had worked with for years. But word came back that she could not go as a contract surgeon. The colonel in charge of the hospital wrote most urgent recommendations, which I have in my possession, explaining that she was specially trained and skilled in wartime surgery type of anesthesia, that she was the best person he had for the position, and, in addition, could teach anesthesia and also relieve a man physician for active duty behind the lines. But an emphatic "No" was the answer.

Shortly thereafter she was offered a position in the WAAC's and came to me to ask what she should do. Again my personal advice was equally strong but the opposite to what I have given Dr. Janeway. I advised her not to accept, as there was no urgent need for highly skilled, specially trained anesthetists in a group of noncombatant women, far above the average in physical endowment. Again, if Dr. Alice McNeal with her superb education and special training in anesthesia were a member of the Medical Reserve Corps of the Army, she too would rate as major in her own right.

The next case must remain anonymous for various reasons. But the physician involved is a woman of similar splendid education and special training that Dr. McNeal enjoys, and has done anesthesia for 15 years.

In one of the military camps there was a shortage of anesthetists and this physician was asked to give anesthesia. She was employed on a noncivil service basis, and was not even offered a contract surgeon appointment, but was classified as a special technician.

The further details of her job are as follows: A 48-hour week with a salary of \$150 a month, out of which she must pay her own living expenses. She was allowed to buy her own gasoline at Army prices and pay for her own lunches in the officers' mess hall at 22 cents a day. In addition to giving anesthesia to the military patients, she was instructor to groups of corpsmen, who take a 3 months course in anesthesia.

As to insurance, she received only compensation insurance while on the grounds. She wears no uniform and has no rank.

Again, if this woman physician were a member of the Medical Corps, she would undoubtedly be a major.

And right here I would like to ask one question.

Supposing your son or mine were out in some emergency hospital with some terrible war injury, where his chance for life might be only one in a thousand, would you not prefer having the skill and experience and cool nerves of either of these trained women giving him anesthesia rather than a well-intentioned, clumsy, inexperienced, recent graduate who might otherwise do it?

Mr. HARNES. You do not use that as a reflection upon the present Medical Corps, do you?

Dr. BARRINGER. May I finish what I am saying about education, because it has its repercussions, and answer that later?

Mr. HARNES. Yes.

Dr. BARRINGER. No one who has not faced the possibilities of life and death in major surgery can possibly realize what a difference a trained and experienced anesthetist makes to the operating surgeon.

My last case deals with a repercussion of the other three cases and has to do with the incoming medical students.

Because women physicians are not eligible to the Medical Reserve Corps of the United States Army, certain of the medical schools are cutting down or refusing their usual quota of positions to women physicians. The University of Arkansas attempted this last fall and the dean frankly admitted this was the reason. Such a mighty protest from the alumni followed that this order was rescinded and women are now taken again.

But my case No. 4 assures me that she is having greatest difficulty in getting into any medical school in her vicinity, which is Midwest,

and that she has been informed that three of well known coeducational universities in that section have been asked to bar women students for the duration.

This young woman and a number of others writing me stress the fact that the Government is allowing a subsidy to its male medical students to complete their medical education while this is not allowed its women students.

It is not necessary for me to draw your attention to the fact that if this state of affairs continues, it will not be long before the women medical students will begin to deteriorate and the position of the woman physician will slip backward from the high plane of accomplishment which she enjoys today after a hundred-year struggle for her right to exist.

Mr. DURHAM. Has the question you have just mentioned been taken up with the educational committee, which at the present time is giving these allotments to colleges throughout the country?

Dr. BARRINGER. This matter has just come to my attention very recently. You see, as chairman of this committee, I have been receiving letters from all over the United States, and this is a situation that has just recently been brought to my attention.

Mr. DURHAM. If I understand your statement correctly, you are entirely barred from the colleges of the country?

Dr. BARRINGER. No; there is a struggle, a tendency toward that.

Mr. JOHNSON. Has any one college barred you women?

Dr. BARRINGER. Arkansas State tried to. They did it for a while, because no women were admitted in the fall to the University of Arkansas, and there was such a fuss made that the order had to be rescinded.

Mr. MERRITT. Has the Manpower Commission at any time made reference to women?

Dr. BARRINGER. May I make my final statement? Then I shall be glad to answer your questions.

Mr. MERRITT. Certainly.

Dr. BARRINGER. In concluding, I wish to stress two facts: The women physicians of America know their womanpower and what ability and talents they have ready to give their beloved country in this time of terrible urgency. They have made a coast-to-coast registration of all women physicians available. When Mr. McNutt called for 5,000 doctors for July 1 of last year, the women physicians were ready to furnish their quota and would immediately have volunteered if they had been allowed to do so.

In the hard struggle ahead every physician, man or woman, will be needed. We ask you to remove all sex discrimination and to let us go forward as free women, able to respond to any duty that calls us, and have our individual qualifications for our work the only criteria. In order to be able to do this, we must have equal opportunities, privileges, and protection that the state accords its men physicians.

We, therefore, earnestly request full membership in the Medical Corps of the United States Army.

Mr. HARNESS. I wonder if you would be kind enough to answer now my question with respect to the statement you made. Do you mean any reflection upon the Medical Corps of the Army when you say you would not want your son, if he were wounded, to have the care of a young interne?

Dr. BARRINGER. I am not making any reflection at all if they have there experienced male anesthetists. But in this terrible war that is going on, male anesthetists may not be available, and instead of trained women, who would not be out in the combat zone, they might have to use one of these corpsmen.

Mr. HARNES. But we have many highly skilled men in the Medical Corps.

Dr. BARRINGER. Of course we have; and one of the absurdities that has come up is the fact that some of our best obstetricians are serving with the Army instead of being at home. Surely there is one operation that soldiers do not need, and that is the Caesarean section. The Army has taken some of our very best obstetricians and has left at home some of our best women plastic surgeons. A plastic surgeon does not grow overnight.

It takes years and years to acquire skill. Why take a plastic surgeon and assign her to examining hearts and lungs in some camp while our best obstetricians are sent overseas? Those are the incongruities we want to see straightened out.

Mr. HARNES. I can agree with you on some of the inconsistencies of the War Department. Is your only objection and dissatisfaction about these women doctors that have gone into the WAAC's the fact that they are only first lieutenants?

Dr. BARRINGER. To think in terms of rank is cheap; but there is a difference in salary. Think of the difference if you have a mother, a father, or a child at home, between the salary of a major and that of a first lieutenant, and think of the difference in protection.

Mr. HARNES. I thought your objective was to serve your country regardless of what you got.

Dr. BARRINGER. I think these women have. Surely Margaret Janeway left her office and left a good practice to take a contract surgeon's job. Surely you could ask no more of that good woman who is serving at \$150 a month.

Mr. HARNES. I can give you the names, Doctor, of a number of very good lawyers, who were making quite good incomes, who have been drafted into the service at \$50 a month.

Dr. BARRINGER. Well, that may be. They may be in the service with all expenses paid.

Mr. HARNES. Many highly skilled professional men are now serving as privates in the Army.

Dr. BARRINGER. Living in the Army, they get quarters, food, and medical care. The men you have mentioned are in the Army and have full rights. This woman, who has given up her sick patients, is getting \$150, has to live outside the camp, comes in on a little jeep, has to buy her gasoline at Army rates, and pays 22 cents a day for luncheon.

Mr. HARNES. I have great admiration for the patriotic women who want to serve, and are serving.

Mr. SPARKMAN. In your statement you said something, to which Mr. Harnes took exception, with reference to these recently graduated anesthetists. You used the word "clumsy." I wonder if perhaps that word might not very well be stricken from the record.

Dr. BARRINGER. That is all right. But have you ever seen a young fellow giving his first anesthetic?

Mr. SPARKMAN. No.

Dr. BARRINGER. I have, and I have had occasion to operate while he gave it.

Mr. SPARKMAN. It seems to me that had the word "clumsy" been omitted, Mr. Harness might not have taken exception.

Dr. BARRINGER. I am perfectly willing to have it stricken.

Mr. SPARKMAN. How long are these young men trained before they may give anesthetics?

Dr. BARRINGER. The corpsmen have a 3-month course; but, of course, they are not supposed to be anesthetists on a medical staff. They are sent out, as I understand it, to the emergency zones, where the first aid is administered. On a hospital staff an anesthetist is supposed to have had, in addition to his medical education, at least 1 year's internship. Whether they are going to get a full year's internship, owing to the urgency of the war, I cannot answer.

Mr. SPARKMAN. Do I understand that in the two cases of the trained anesthetists you spoke of, they have first received medical training?

Dr. BARRINGER. They are doctors, first; yes. They are graduates who have served internships. I do not want to make their biographies too long, but they are experienced physicians.

Mr. SPARKMAN. I am simply trying to develop the record.

Dr. BARRINGER. I can send you a complete biography of each one.

Mr. SPARKMAN. No, I do not want that; I want the record here to be correct.

Dr. BARRINGER. They are graduates of medical schools.

Mr. SPARKMAN. Then, in addition to that, they have 1 year of internship?

Dr. BARRINGER. These women have had more.

Mr. SPARKMAN. I am talking about these cases generally.

Dr. BARRINGER. The minimum is supposed to be a year's internship.

Mr. SPARKMAN. During which time they learn what?

Dr. BARRINGER. A certain amount of anesthesia.

Mr. SPARKMAN. That is the distinction you are drawing between the well-trained anesthetist and the corpsmen who are trained for a period of 3 months in the field?

Dr. BARRINGER. Yes. The corpsmen are still another group who are not always physicians. They may be very able young fellows who are trained in corps work to give anesthesia in emergencies, and to bring in people behind the lines; but they would hardly be assigned, except in an emergency, in a base hospital where they were operating.

Mr. BROOKS. I know a great number of highly skilled anesthetists, who, I believe, are not qualified physicians—women who have been serving in hospitals throughout the country for many years.

Dr. BARRINGER. That is true.

Mr. BROOKS. What are you going to do with them?

Dr. BARRINGER. Those are generally nurses, and in a good many hospitals they use nurses. Then they take them away from their nursing capacity, and they are badly needed at the present time in the war for nursing.

Mr. BROOKS. Would you put them in the Medical Corps?

Dr. BARRINGER. No; they would not be put in the Medical Corps; they would be put in the Nurse Corps.

Mr. BROOKS. If they can do the same work as anesthetists, what then? If a nurse is likewise an anesthetist, what would you do in reference to grades and salaries?

Dr. BARRINGER. Nevertheless, they would fall into two different groups, because one has acquired a medical degree and the other has not. The nurse would always be in the Nursing Corps, even if she were skilled in anesthesia; and the doctor would always stay in the doctors' corps.

Mr. BROOKS. I think the Doctor misunderstood the question. If the doctor is doing anesthesia work and the nurse is doing identically the same work, side by side with the doctor, would you give the doctor doing the anesthesia work the same treatment as you would the nurse who did the same work?

Dr. BARRINGER. No; I would put them into two different corps. One would be in the Nurse Corps, and one would be in the Medical Corps. The doctor might be called off to operate or might be assigned to a medical ward. But the nurse would not be competent for that work. I mean that a doctor is a many-sided individual. Anesthesia might be just one of her sides.

Mr. SPARKMAN. Qualifications still govern?

Dr. BARRINGER. Oh, yes; and the medical licensure. There is a basic difference between a doctor and a nurse, depending on the preliminary education.

Mr. SPARKMAN. I understand that, but suppose a doctor is doing nothing but anesthesia work. As a rule in many hospitals that handle a large volume of work, it is really necessary to have persons who do nothing but administer anesthesia. Suppose that a woman physician is doing nothing but that. Would you give her a different rating or classification?

Dr. BARRINGER. Certainly. She would be a doctor and a specialist in anesthesia.

Mr. SPARKMAN. That is all.

Mr. ELSTON. Do you know of any instances in which the Medical Corps of the Army has assigned an incompetent man to administer anesthesia?

Dr. BARRINGER. No; I do not know of one. I should not want to say any such thing as that, but I recognize the difficulties of inexperienced youth. I recognize the difficulties of the recent intern, who may have had very scant experience in anesthesia in his service in the hospital.

Mr. ELSTON. Do you think that the Medical Corps is going to assign an intern who has had scant experience?

Dr. BARRINGER. I think they may have to in this terrible war. They may not always be able to get skilled anesthetists when they want them. I think if a certain number of women physicians could be assigned, it would be just to the good—all to the good.

Mr. ELSTON. Do you claim that women are more competent in that field?

Dr. BARRINGER. I do not. I am making no such claim. I am not claiming that there is any superiority one way or the other. But I do think that sometimes a very skilled woman may be very much better than an inexperienced young man anesthetist. An experienced man, of course, may have a great advantage over an inexperienced woman. But I am making a plea for the experienced, trained, and

also younger woman. Why should they not be trained in the mill with the young men and get their experience?

Mr. ELSTON. If this bill were passed, you could call in the young woman as an intern the same as you would call in the young man who is an intern?

Dr. BARRINGER. Yes.

Mr. ELSTON. She might be assigned to do the very kind of work you are complaining about.

Dr. BARRINGER. She might; but on the other hand, if a trained anesthetist were on your staff, the chances are that the trained anesthetist would be used for that, and this girl might be assigned to ward work, or otherwise; or she might give the anesthesia.

Mr. ELSTON. Do you think that the army corps has suffered from any shortage of trained anesthetists?

Dr. BARRINGER. I think it is one of the things that they have advertised for most widely.

Mr. ELSTON. How many do they have?

Dr. BARRINGER. Of women?

Mr. ELSTON. Yes.

Dr. BARRINGER. I think a goodly number. In this very selective group we are hoping to place in the Medical Corps, I should say we have roughly 300 women. Possibly of them there would be 50 or 60 anesthetists. But we have a goodly group of women in anesthesia; and when they are good, they are usually very good.

Mr. ELSTON. Are not those women engaged at the present time in doing that work in hospitals?

Dr. BARRINGER. Yes. Take Alice McNeal. She is more valuable by far in the Presbyterian Hospital in Chicago, working on her civilian job, than she is working with the WAAC's, and probably is not in that type of specialized work. But the colonel in charge of that hospital, seeing the war ahead, had her take special training for wartime anesthesia. She knows all the special types of anesthesia; for instance, in a case where half a man's head is blown off and there is practically no chance—perhaps one in a thousand—that he will be saved.

Mr. ELSTON. If you take out of the hospitals the women who are experienced in giving anesthetics, and place them in the Army, whom are you going to get to take their places?

Dr. BARRINGER. Probably the next one who comes along on the staff, who will probably not be as good as the one who goes.

Mr. ELSTON. Then, you are going to get some inexperienced personnel in the hospitals.

Dr. BARRINGER. Naturally. But the Army comes first, as I understand it, in this terrible crisis, and we are trying to send our best.

Mr. ELSTON. You have not shown this committee a single instance where there has been any dereliction of duty on the part of the Army Medical Corps.

Dr. BARRINGER. I am not trying to. I want that clearly understood.

Mr. ELSTON. Or where the Army Medical Corps has fallen down in any case.

Dr. BARRINGER. I am not trying to. I wish that to go upon the record.

Mr. SPARKMAN. Your statement is not intended as a criticism at all of the Medical Corps of the Army but as simply in favor of the Army being able to utilize all of these skills it can possibly get.

Dr. BARRINGER. Yes; absolutely. I wish that clearly understood.

The CHAIRMAN. Mr. Arends?

Mr. ARENDS. Doctor, I think it is desirable to get the best health treatment of any specialist. That is of major importance. Possibly you do not know it, but I live in a rural district. The way doctors are being drained from rural districts makes it hard on the population, because the people are put on the waiting list for attention 2 or 3 days off. I wonder if women could not serve the purpose by decentralizing, if there are too many in the cities, and by relocating in the rural areas. Another thing is that I think it is true that some of these young doctors who have come out of the hospital with a year's internship are inexperienced. But I know of a particular case of a boy who has practiced only 6 years, an outstanding fellow, who turned the key in the lock of his office door and went into the Army. He has been in the Army a year and a half and is only a first lieutenant. He is not hollering about it. These boys are doing the best job they can. But surely they are good enough to see that this anesthesia is administered properly.

Dr. BARRINGER. He is probably a very skilled person.

Mr. ARENDS. He is an exceptional one; yet he is only a first lieutenant in the Army.

Dr. BARRINGER. That may be; but he is at least a first lieutenant in the Army, and the women are not.

Mr. ARENDS. I suppose you recall reading of one or two of these remarkable instances when some of the Medical Corps boys performed operations under difficulties; in submarines, for instance.

Dr. BARRINGER. Absolutely.

Mr. ARENDS. Some boys who have never given anesthesia to patients before make out all right. Of course, I realize that that is not an over-all picture.

Dr. BARRINGER. It is the over-all picture I wanted to draw and present before you, gentlemen, because it affects medical education, it affects the proper classification of women doctors, and it affects their proper distribution. I believe it is a fundamental thing that there should not be the man doctor and the woman doctor; but persons regardless of sex who are doctors should be commissioned.

Mr. ARENDS. I think it is impossible to get the right person at the right place in every case.

Dr. BARRINGER. Yes; but we can make an effort toward that. We have here Dr. Sarah Jordan, of Procurement and Assignment, and I am sure that she will answer any questions with regard to distribution.

Mr. DURHAM. If you find yourself in this situation today, not being recognized by the Army, it is going to affect your educational program. If a girl wants to go to college somewhere in this country, with the Army taking over practically all the medical schools throughout the country, you are going to find it difficult to get a girl assigned to a medical school.

Dr. BARRINGER. I know of a girl who cannot get into one now in the Middle West. I took it for granted that she cannot afford to move

east to go to one of the remaining colleges that are open. It is a very serious menace to medical education and should be looked into and corrected.

Mr. ELSTON. I agree that that is a serious thing; but do you think that passage of this kind of legislation would help that?

Dr. BARRINGER. I think it would clean it up overnight.

Mr. ELSTON. Why?

Dr. BARRINGER. Why? Because those women, being assigned to military service, would cause all the medical schools throughout the country to say that they had to allow women to come in equally with men. Then, upon graduation, those women would be assigned to military service.

Mr. HARNESS. Do you anticipate that this war is going to last long enough for you to educate these women?

Dr. BARRINGER. Evidently the authorities consider that we are going to have a war long enough to curtail women's opportunities in medicine.

Mr. BROOKS. Doctor, I was impressed by one question propounded by my colleague in reference to the work of women doctors throughout the country. The country is in such shape now that it is very much stripped of doctors. There are whole areas that I know of where there are no physicians at all. I fully agree with you that the Army and Navy should have the best. But the civilian economy has to have something too. Where do you people fit in with reference to serving the civilian economy of this country likewise?

Dr. BARRINGER. The vast majority of the women doctors will be serving the civilian population. This applies only to a smaller and very important group. I suppose there would be 2,500 women who will be employed on the home front, who have no thought of going into the armed services.

Mr. BROOKS. Are not those women needed very badly at home now?

Dr. BARRINGER. Of course, they are needed very badly at home now. But many of the men who have gone should never have gone, because their home communities need them.

Mr. BROOKS. I know of a whole county that is begging and pleading for them.

Dr. BARRINGER. Up in our own countryside the best operative gynecologist and obstetrician was taken. He was a man who had a family of four or five children. He had a very large practice, and the whole community relied on him in the case of major obstetrics. He may be dressing a lot of minor wounds in some station for the time being; whereas a woman plastic surgeon who does valuable plastic surgery work is not taken, but she is especially needed in a bomb-stricken area. I pray God that we are not going to have any bomb-stricken areas in America; we may have. But in the meanwhile, that woman could be very useful; yet she is not allowed to go.

Mr. JOHNSON. Do you mean that all State universities that have medical departments have barred women?

Dr. BARRINGER. I did not say that.

Mr. JOHNSON. Can you name a single college that bars women?

Dr. BARRINGER. The only one that I feel at liberty to mention is the University of Arkansas, and I have had correspondence with it.

Mr. JOHNSON. The University of Arkansas did not succeed in doing it; did it?

Dr. BARRINGER. It did it enough so as not to take any women in this fall. Then the cataclysm of criticism came down upon them, and they opened their doors again. I do not know how many they are taking now.

Mr. JOHNSON. As a matter of fact, there has been no barring of any students in any of those large universities?

Dr. BARRINGER. I happen to know of those three, and I am looking into the cases now. I have not the full data yet.

Mr. JOHNSON. Is not every trained nurse able to give anesthetics?

Dr. BARRINGER. No, decidedly not, as I think my medical witnesses will agree.

Mr. JOHNSON. Do not the specialists in these things train people to do this work in the large hospitals?

Dr. BARRINGER. That is the point the colonel made about Alice McNeal—that she could teach anesthesia out on the front to the other physicians.

Mr. JOHNSON. That is the thing the Army is now doing, only the subject is taught by men.

Dr. BARRINGER. That is so, but our argument is that men teaching anesthesia at the base hospital can be released to go forward to the front lines.

Mr. JOHNSON. I do not see how your particular argument will help the situation. We have men doctors who are just as capable as the women and who teach these men to do that very job.

Dr. BARRINGER. But the great point is that a woman anesthetist in a base hospital, a good teacher, teaching a number of young people on the staff, is available as there a teacher, and that releases a man who might otherwise have to stay there as a teacher in anesthesia, but he is released to go forward and can stay right behind the lines.

Mr. JOHNSON. You are assuming that there is a shortage of doctors?

Dr. BARRINGER. It is an advertised shortage; I am not assuming anything.

Mr. JOHNSON. What is the point of your argument: That there is discrimination, or that you want a niche in the Army?

Dr. BARRINGER. We, first of all, feel that sex discrimination should be removed and that qualifications should be the only criteria of our fate. Then, we feel also that there is a definite demand for the type of person that we can supply in limited quantity. You must remember that we are only a small numerical minority—very small.

Mr. MERRITT. Thank you very much, Dr. Barringer.

Mrs. Rodgers, would you care to be heard?

STATEMENT OF HON. EDITH NOURSE ROGERS, A REPRESENTATIVE IN CONGRESS FROM THE STATE OF MASSACHUSETTS

Mrs. ROGERS. Thank you very much, Mr. Chairman. I do not wish to take up the time of the committee. You have here distinguished physicians and other people who wish to testify. I should just like to say that it seems to me that it would be a very fine thing if the women could be taken into the Medical Corps of the Army,

and I should think that it would be much easier for the Surgeon General to have them in his corps for better administration. In my belief, women physicians are going to be greatly needed before the war is over.

Mr. ARENDS. What does the Surgeon General think about this?

Mrs. ROGERS. I have not discussed the matter with him. I know of the operations of the Public Health Service. I have seen their work since the World War, and I have always heard praise by the Public Health Service for the women physicians.

Mr. ARENDS. Do you think we are going to need them more for the Army than for the civilian population?

Mrs. ROGERS. I think for certain things. To go back to the anesthesia, I will say something, and I will give you the name of the hospital if you want it. But a certain hospital that I know of lost a great many patients. It happened to be an eye, throat, and nose hospital. They lost them because they did not have an expert anesthetist. I think particularly with the spinal punctures that are given today as anesthesia, it is important to have trained people. It seems to me that the Army could use these women where they are needed in case of necessity. I do not think the women are trying to force themselves into the Army; it is just a matter of serving where they are needed.

Mr. DURHAM. It might be explained at this point that anesthesia today is not given so much through the nose.

Mrs. ROGERS. Yes; it is given through the spine, and it takes special training to do the work. This is in line with the war effort. There is no wish to interfere with the Army.

Mr. JOHNSON. You are endorsing the medical part of this? You are not asking that the women be placed in the finance department or the legal department? We have two bills, and all the arguments have been for the medical part.

Mrs. ROGERS. May I say this, Congressman? It seems to me that the Army is very likely going to need lawyers and others before the war is over. I hope it will be a short war, but if we are going to have a decisive victory, I am afraid it will be a very long one, and I feel this is a preparedness.

Mr. MERRITT. You are for women in general, I take it, Mrs. Rogers?

Mrs. ROGERS. I am for them; yes. I am also for the men. [Laughter.]

Mr. MERRITT. I am very happy at this time to call a distinguished woman from New York State, Judge Dorothy Kenyon.

Mr. CELLER. In introducing Judge Kenyon, Mr. Chairman, I may say that she is a practicing lawyer in New York City, a former judge of the Municipal Court of the City of New York, the only American member of the Commission of Jurists appointed by the League of Nations to study the legal status of women throughout the world, and legal adviser to the American Medical Women's Association Committee to Obtain Commissions for Women Doctors.

STATEMENT OF MISS DOROTHY KENYON, LEGAL ADVISER TO
AMERICAN MEDICAL WOMEN'S ASSOCIATION COMMITTEE TO
OBTAIN COMMISSIONS FOR WOMEN DOCTORS

Miss KENYON. A mere lawyer is going to be very brief today, with all the distinguished doctors who are in the room, some of whom, I know, want very much to say something. I think I agree completely with Congressman Celler, who actually made my speech—you know you did, Congressman [laughter]—in regard to the necessity for changing the words "person" and "persons" in Public Law 252 of the Seventy-seventh Congress to read "men and women."

Mr. SPARKMAN. I thought that perhaps he had had an opportunity to read your remarks.

Miss KENYON. He may have. [Laughter.] What has to be done is a perfectly simple and obvious matter. However, he did not have to blame the War Department quite as much as he did for that particular ruling, because the War Department actually proceeded, apparently, upon the assumption that the word "person" meant women as well as men when they actually promoted Major Flikke, the head of the Army Nurse Corps, under the law to become a colonel, and it was when Major Flikke tried to collect her pay check that the Comptroller General stepped in and said, "Nothing doing." Well, he had several very good reasons for ruling that that particular statute did not apply to the Army Nurse Corps situation. Like a good many judges, he gave two reasons which were good and then a third reason which was bad. He said that the law was not applicable to her situation, and then he proceeded to put an interpretation upon that law, which, it seems to me, was perfectly unnecessary. It was irrelevant; it was dictum. Yet there it stands.

My only quarrel with the War Department in that respect is that it felt it was bound, and it probably was bound, by that decision of the Comptroller General. I wish we could have got in there and given him a little law on the other side or filed a brief amicus, because his decision is one of those things that you call a legal curiosity; it is really a museum piece. His decision is based entirely upon minority rulings. It runs counter to the majority of the cases in this country on the subject. It also overrules a recent ruling in Canada with regard to the word "person." So, if we want to have an over-all pool of doctor power, we must get this law changed so that the word "person" will mean exactly what I think we all think it does mean, so that even the Comptroller General will understand that the word "person" means men and women. That is all that Congressman Celler's bill, H. R. 824, purports to do. It remedies this perfectly silly and unnecessary barrier which has no place in respect to a professional matter, a matter of skill. I believe that it is a policy of which we all approve, and it is the expressed Government policy that in this pool of manpower resources of the country for winning the war we must pool everybody's skills, and that then the thing that is to decide is the qualifications for the job. We are going to spread our people around in the places where they are best suited, but we are not going to have any artificial and meaningless barriers of sex.

When you come to professions, you touch me a little bit closely, because I also am a professional; and while I hasten to tell you that

I do not want any job in the Army, in the Judge Advocate General's office—I am not interested in that at all—I, nevertheless, as a professional person, believe that all professional people should be classified and treated on the basis of their skills and not because they happen to be men or women. That is all this bill would do.

Mr. HARNES. In other words, what you are advocating is that we open the doors, so that we can commission women in the Army regardless of qualifications?

Miss KENYON. I am talking now entirely on the basis of women doctors—of that particular profession which is the one issue now before us. It is true that the bill is broad and changes the word "persons" to read "men and women." I heard a very nice word yesterday when General White said that he hoped you would trust the War Department if it were given general powers, and I believe that in this case you can trust the War Department not to fill the Army with women.

Mr. HARNES. I think that the Congress has been too trusting already. It has given entirely too much authority to others.

Mr. DURHAM. Did we not recognize that principle in giving the women the right to vote?

Miss KENYON. Yes; you did recognize that principle—and we are responsible for some of you being here, too. [Laughter.] The point I want to make in respect of this selective service thing, if I may make the point, is this: I think it is recognized that there is a perfectly tremendous shortage of skilled doctors, and there is a shortage in both the Army and civilian life. We have to husband our resources. We have to ration. Rationing is very unpopular, but it is exactly the same idea with respect to manpower. When I say "manpower," the Comptroller General will be pleased to note that I mean womanpower as well. "Man" has sometimes been deemed to include "woman." We must pool all our resources. Then the best skills must be made available in the places where they are most needed. It seems to me that the War Department needs to have that power, so that in this professional field it can act entirely on the basis of skill irrespective of sex.

As Dr. Barringer has said, I think a good deal of the shortage in local areas has been due to the fact that we have not been able to pool all our skills. We have taken into the Army men who could be least spared in the civilian areas. Certainly there is need for men obstetricians at home. For some reason there seems to be more men than women obstetricians, relatively speaking. The business of doctoring women is not primarily done by women. I think that doctors for women are men, to a very large extent. The male obstetrician who goes to north Africa is obviously a misfit, and he really should not have been allowed to go there. The woman plastic and bone surgeon, as Dr. Barringer has mentioned, should not stay at home in civilian areas and take care of babies that those men should be bringing into the world. She should be in north Africa.

Then, there is another element of selective service that has not been mentioned, and that is the question of dependency. We are trying to keep married men with dependents and families at home. There are many of these women who do not have dependents, and therefore we should, presumably, take them first. It seems to me

that that also is something to consider. But all those are elements of our policy of pooling man and woman power and utilizing the best person in the best place. That, as I see it, is all that this bill purports to do. I prefer the broad bill of Congressman Celler, because I think the War Department should be given power to make this pool and apply people with the skills where they are best needed. I think we are agreed that while we do not want the civilian population to suffer, we do want our boys to get the very best. So, it seems to me that this is not a fight by women doctors or by any people for their own prestige; it is simply a means of giving them the greatest opportunity to make the greatest sacrifice for their country.

Mr. BROOKS. The Celler bill covers more than physicians. It covers lawyers. I have been interested in the plight of lawyers. What is your plan in reference to them?

Miss KENYON. I have no plan in regard to the lawyers. I remember what the gentleman said here about the very smart lawyer who is just a first lieutenant. If he is really smart, he will be a general very soon.

Mr. HARNES. I was referring to privates, not first lieutenants. I said they had been drafted from their law offices and other professional offices, where they had earned high salaries.

Miss KENYON. Don't I know it? I have lost several from my own office in that way.

Mr. BROOKS. There are some 5,000 lawyers, qualified practitioners, serving in the ranks. That is a fact that distresses me very much, because I have thought for a long time that a man who had the skill of a lawyer ought to be fitted for some particular duty. You have not given that any thought, have you?

Miss KENYON. I have thought a little bit about it. I have been a little distressed, I will tell you, Mr. Congressman, about the fact that lawyers do not seem to be as important at the moment in the war effort as those in some of the other professions. It is extremely embarrassing to admit it, but it seems as though there were too many of us. But that is a secret.

Mr. SPARKMAN. Is not that the actual answer, so far as the war effort is concerned? There is a scarcity of doctors?

Miss KENYON. Yes.

Mr. SPARKMAN. And a surplusage of lawyers?

Miss KENYON. Yes. I hate to have it in the record. But I am talking about the doctors now, and there is certainly an admitted shortage of them.

Mr. BROOKS. That being the case, the knowing what a tremendous shortage of doctors there is, what is your plan, in reference to this bill, regarding the caring for the needs of the civilian population and also of the Army?

Miss KENYON. Well, of course, I am not the War Department but what I would suggest as a plan is simply this: that we pool all our resources and then put the people where they are most needed, in the place that their skills are the best adapted to. That means that your women bone surgeons and plastic surgeons would go to north Africa instead of the men obstetricians. I think the woman should have work to do along lines in which she was most capable.

Mr. BROOKS. In taking from that pool, you would give no priority to sex?

Miss KENYON. I would leave sex out of it; it would be entirely the qualifications for the job.

Mr. BROOKS. Then, the remaining ones not taken out of the pool you would seek to distribute throughout the country?

Miss KENYON. I would put all of them in the pool. I am assuming that all our skilled doctors are theoretically in this pool and are available.

Mr. BROOKS. The ones who do not go into service you would take out of the pool and distribute throughout the country?

Miss KENYON. The ones who do not volunteer are out of the picture altogether, because we are talking only about the volunteers, which is all that this section would be applicable to. Within that area, certainly those who are best qualified should be used in the places where they are most needed.

Mr. BROOKS. So that every locality would be cared for; is that your idea?

Miss KENYON. Well, I think that that is what we must do if we are going to make the best use of our resources.

Mr. HARNESS. I think that for the record we ought to clear up this matter about the Comptroller General's order or decision about the word "person."

Miss KENYON. I wrote a long brief on it, Congressman, in which I expressed my compliments to him. I shall be very glad to send you a copy.

Mr. HARNESS. When the Congress passed this act authorizing the War Department to commission persons in the Army of the United States, I do not think the Congress had any idea that it was giving authority to commission women. Perhaps the Comptroller General decided the question on what the Congress intended.

Miss KENYON. Oh, he did; there is no question about that.

Mr. HARNESS. There could be no confusion about or even criticism of his opinion, because this committee authorized the legislation, and I do not think there was a man on this committee who ever dreamed that a decision would be made authorizing the War Department to commission women in the Army of the United States.

Miss KENYON. But the War Department did so immediately afterward when it promoted Major Flikke to a colonelcy under that particular law. Now, the question of what you gentlemen intended by the legislation you passed is something I could not presume to guess about. But there is a rule of law that if the word is simple and unambiguous then the plain and natural meaning of the word prevails, even if you gentlemen intended something entirely different. So it is a question of law.

Mr. JOHNSON. Intent is measured by the word not by what one happens to think.

Miss KENYON. That is right. The Comptroller General spent a great deal of time speculating as to what you gentlemen meant.

Mr. MERRITT. Thank you very much, Judge Kenyon. I think the committee will be able to hear only one more witness. If there is anyone who desires to file a formal statement it may be left with the clerk of the committee. If it is the desire of the committee to continue the hearings to hear more witnesses, I shall be glad to have another meeting tomorrow morning. At this time we shall call upon Dr. Jordan.

Mr. CELLER. I may say, Mr. Chairman, that Representative Mary Norton, of New Jersey, and Representative Margaret Smith, of Maine, have asked me to indicate that they are in favor of either of these bills.

Mr. MERRITT. That fact will be made known in the record.

Dr. BARRINGER. Mr. Chairman, if we have a choice of speakers, I feel that Dr. Jordan, of the Procurement and Assignment Division, should be heard.

Mr. MERRITT. The committee will be glad to hear Dr. Jordan.

DR. SARA JORDAN, CHAIRMAN, WOMEN'S PHYSICIANS COMMITTEE OF FEDERAL COMMITTEE OF PROCUREMENT AND ASSIGNMENT OF WAR MANPOWER COMMISSION, BOSTON, MASS.

Dr. JORDAN. Mr. Chairman and members of the committee, I think there are three aspects to the problem which you have to decide. The first one Judge Kenyon has treated very forcefully. I think I hardly need to mention it—the interpretation of the word “person.” But as a physician I should like to subscribe to the natural meaning of the word, namely, that we should very much like to have women as well as men understood by the term “person.”

The other two aspects, it seems to me, concern two fundamental points. One is the point of human relations and simple justice. The other is the best interests of this Nation in its present crisis. The first matter, the first point, that of simple justice, it seems to me, with reference to this problem involves the following considerations. We have a group of women who have gone through rigorous medical training, exactly as men have done, and who have had by their subsequent training and subsequent experience attained places of respect in the community and would like to give their services to their country, just as their male colleagues have done. These women have treated civilians throughout the land. Why are they forbidden or restricted in their treatment of civilians when they are in uniform? Is there any difference in the treatment of civilians in or out of the uniform? That seems to me to be a very fundamental point of justice.

It does not concern a very large group of women. The group of women who would be eligible for this service would be relatively small, but it is a matter of justice. These women, many of them young, vigorous, well-trained women, are intent upon contributing their all toward the health of this country.

The second point is, How much would the country profit from the services of these women? What would their services contribute to the well-being or the safety of the country? I think perhaps there I may give you a little history on the point of view of the members of the Committee of Procurement and Assignment. The board of procurement and assignment has as one of its subcommittees a subcommittee on women physicians, dentists, and veterinarians. The whole board has that full scope. The full board, I am sure, at the beginning of its existence, was very lukewarm to the question of women physicians being commissioned. I can now tell you that it is the opinion of the chairman of the board, Dr. Frank H. Leahy, who unfortunately could not be here today, that the interests of the country will best be served by commissioning women physicians. I

know definitely that he did not think that a year and a half ago. I am certain that he thinks it today. The subcommittee on women physicians, which has served the board of procurement and assignment, are also, I believe, completely unanimous in their opinion that the interests of the country will best be served by commissioning women physicians.

Now, the chief reason, we believe, is not only that the services of these skilled women will be available to the country but also the fact that the morale of the women physicians in the country will be raised—and, gentlemen, it needs to be raised. I think I need not tell you that a woman well trained in medicine, who wishes to do her part, as Dr. Barringer told you in several examples today—and those could be multiplied and who is offered no commission and no security, is discouraged by the prospect. I believe that on the basis of justice and on the basis of the contribution which women can make toward the safety of this country, this or some other measure should be passed which would make it possible for them to become commissioned.

Mr. MERRITT. Thank you very much, Dr. Jordan.

Mr. SPARKMAN. You were presented to us, Doctor, as being in charge of procurement.

Dr. JORDAN. No; I am the chairman of the subcommittee on women physicians, dentists, and veterinarians for the board and for the procurement and assignment service.

Mr. PHILBIN. Dr. Jordan is one of the most celebrated physicians in the country, irrespective of sex.

Mr. SPARKMAN. I am glad to have that comment. The reason why I asked my qualifying question is this: I think that one thing that apparently has greatly concerned the membership of this committee, as you have perhaps detected, I am sure, from the questioning, is the matter of the scarcity of doctors throughout the country. I thought that by being connected with the procurement program, you might be able to enlighten us to some extent on that.

Dr. JORDAN. Yes.

Mr. SPARKMAN. It is true, is it not, that in the early stages of the war our doctors were taken in more or less at whatever point they offered their services, without regard to an orderly procedure of procurement? That has resulted in this unbalanced location of doctors throughout the country.

Dr. JORDAN. That is true. I can answer that unequivocally.

Mr. SPARKMAN. There is an orderly procedure today, is there not?

Dr. JORDAN. Yes; there is.

Mr. SPARKMAN. So, we need not be afraid of any further dislocation. As a matter of fact, the procurement program now tends to equalize the load and distribution of medical people throughout the country; is that not true?

Dr. JORDAN. Yes; it is.

Mr. SPARKMAN. I wonder if you might say something further with reference to that.

Dr. JORDAN. I should just like to say that the relocation of physicians, both male and female, is one of the most important problems which faces the procurement and assignment service today. Both the men's committee and the women's committee hope to solve it. It is difficult. I have heard several of you gentlemen mention the fact

that some communities are without physicians at the moment; therefore, why should not women be assigned to those communities? Some women will be assigned to those communities—women properly fitted for the service. That is in the process of being done at the moment and is the great concern of the board and of the procurement and assignment service.

MR. SPARKMAN. Do you feel that the women and men doctors should bear this burden of relocation jointly or proportionately?

DR. JORDAN. Yes.

MR. SPARKMAN. And at the same time they should share the burden of contributing to the war effort jointly and proportionately?

DR. JORDAN. Yes.

MR. SPARKMAN. You are simply arguing for equitable treatment for the women as well as for the men?

DR. JORDAN. And also for the best interests of the country. I think we should not forget that.

MR. SPARKMAN. As a matter of fact, if the women doctors or surgeons are allowed to go into the Army, would it not relieve to some extent the pressure that has been created by the dislocation of medical skill throughout the country?

DR. JORDAN. I think it would.

MR. SPARKMAN. And it would make it a little easier for the relocation that you have spoken of?

DR. JORDAN. Yes, it would be a uniform program.

MR. BROOKS. I was the one who was pursuing that line, and the thought I have is that since you are connected with the procurement and assignment board, you have to go further than you have indicated. The Army has been taking physicians in a haphazard manner throughout the country. You would have to go further in avoiding future trouble and actually cause some blind places in the country, where there are no physicians, to be filled?

DR. JORDAN. Yes.

MR. BROOKS. What is your thought with reference to that? Is it the thought of procurement and assignment to take only those physicians who can be spared and at the same time to take care of those sections that are now completely stripped of physicians?

DR. JORDAN. For some time there has been a very definite plan of declaring certain physicians essential for the community, and that has been done by the State chairman together with the procurement and assignment service. It perhaps has not been completely effective up to now, but it is in operation.

MR. BROOKS. I will give you a simple example, to bring out the thought. I know of a certain community in which the physician who was allowed to remain was an elderly man. Within the last 30 days he has died. Now there is not a physician within miles of where that physician formerly served. Those people are completely bereft of medical service. What is your plan to fill up that gap?

DR. JORDAN. The procurement and assignment service will request those who have offered their services for civilian care—and there is a large group of such men and women—the board will request one of them to go to that locality.

MR. BROOKS. Suppose they refuse to go?

DR. JORDAN. There is a fairly large list of people who have offered to do exactly that thing—to be shifted from one point to another, with patriotism as the motive.

Mr. HARNES. Does the list consist of women doctors?

Dr. JORDAN. Of both men and women.

Mr. HARNES. Have all the women doctors indicated their desire or intention to serve in that capacity?

Dr. JORDAN. No, not all. We had four choices in the questionnaire—the roster—which was sent out to every woman doctor in the country by the procurement and assignment service.

One of those choices was shifting to a community which needed a doctor.

Mr. BROOKS. I think that a list of physicians who are willing to go to a section of the country that really needs help now is really worthy of consideration because of the patriotism those people are showing. Could you make that list available to us?

Dr. JORDAN. I could not personally, but I could refer you to the procurement and assignment service board and ask them what their view on making it public is.

Mr. BROOKS. Suppose a section needs a physician very badly. By making the request to you, could that be filled?

Dr. JORDAN. No; through the procurement and assignment service in Washington.

Mr. BROOKS. Your board?

Dr. JORDAN. Through the State board and the main committee. These requests come in every day and are being cared for.

Mr. BROOKS. Your bill here this morning is merely for equality of treatment between women's and men's positions?

Dr. JORDAN. That is all.

Mr. HARNES. Where do most of the women doctors reside; where do they live and practice?

Dr. JORDAN. I do not know; I could not answer that. I should say that they are pretty well scattered throughout the country, both in cities and rural communities.

Mr. HARNES. In this representative group that is here, I assume that there are a good many women doctors?

Dr. JORDAN. Yes.

Mr. HARNES. From what sections of the country do they come?

Dr. BARRINGER. If I may be permitted to answer that, I should say that we have women doctors from California, Texas, Massachusetts, New Jersey, Ohio, Indiana—frankly, I could not tell you the number of States that are represented.

Mr. HARNES. That is not necessary; I only wanted to know the representation.

Dr. BARRINGER. We have here today a representation of all America.

Mr. HARNES. You have between 7,000 and 8,000 qualified women doctors in the country?

Dr. BARRINGER. Yes; I think 8,000 include the retired.

Mr. HARNES. Where do most of those women practice?

Dr. BARRINGER. Of course, in all the large cities. Chicago has a very large group, New York City has a large group, so has Philadelphia.

Mr. HARNES. Then, most of them are concentrated in New York City and Chicago?

Dr. BARRINGER. Oh, no; we have many women throughout the rural districts, who are doing magnificent work throughout the countryside.

Mr. HARNES. If you have a man doctor and a woman doctor of the same experience and the same qualifications, do you think the Army should take the man or the woman?

Dr. JORDAN. I would answer that by saying that I would leave it to the Army. The assignment would be by the Army.

Mr. HARNES. Well, when you think of the Army as being composed of men who have to fight, which one, then, would be better for the service?

Dr. JORDAN. Well, there are so many positions in modern warfare in the armed forces where women could really do exactly as well as men.

Mr. HARNES. I agree with you.

Dr. JORDAN. As far as actually being on the front line is concerned, I do not know how the Army would deal with that problem.

Mr. HARNES. It takes more to transport a woman to the front than it does a man, does it not? You have to make more provision for her. There are so few, of course, as compared with the millions of men, that we would have to make more provision to take care of women. So, is it not more convenient and better, if you have two of the same qualifications, that the man shall go into the Army and the woman shall take up her work at home, caring for the civilian population?

Dr. JORDAN. I should think that that would be a question that could be decided very properly by the Army. They could assign women to duty in the present hospitals in this country. They could certainly establish their own policy. That consideration, to me, does not enter this particular question. That is a matter for the Army to decide.

Mr. SPARKMAN. Do you accept the assumption the gentleman made that it takes more to transport women than it does men?

Dr. JORDAN. I do not know.

Mr. SPARKMAN. You certainly do not state that as a fact?

Dr. JORDAN. No, I do not.

Mr. JOHNSON. Of your women practitioners, what proportion are married?

Dr. JORDAN. May I ask for the question again, please?

Mr. JOHNSON. I want to find out how many women doctors are married and how many are single.

Dr. JORDAN. That I cannot answer; I do not know.

Mr. JOHNSON. Do you know what proportion of the men doctors are married?

Dr. JORDAN. No; I should guess that the very large percentage were.

Mr. JOHNSON. It might be better to take a single woman rather than a man who has children rather than take him out of the community?

Dr. JORDAN. Yes; that point was brought out before.

Mr. JOHNSON. I think that if you have statistics, you should furnish them for the record. I should like to have some statistics on the number of married and unmarried women doctors.

Mr. MERRITT. Are there any further questions?

Dr. BARRINGER. May I make one further request of you, gentlemen? We have three distinguished men here from New York. Could they be given about 2 minutes each in which to make their statements?

Mr. MERRITT. We have very important legislation that is being considered on the floor of the House, and it is necessary that we go there almost immediately. I was going to continue the hearings

until tomorrow morning and after that hold an executive session so that we might finally dispose of the question here. However, we shall be glad to hear these gentlemen.

Dr. BARRINGER. Mr. Chairman, I wish to present Dr. Lowsley.

STATEMENT OF DR. OSWALD S. LOWSLEY, NEW YORK, N. Y.

Mr. MERRITT. Doctor, please state your full name for the record.

Dr. LOWSLEY. Dr. Oswald Swinney Lowsley.

Mr. CELLER. I may say, Mr. Chairman, that Dr. Lowsley is an outstanding doctor of New York City.

Dr. LOWSLEY. Gentlemen, I appreciate the great privilege of appearing before you to say a word in behalf of the women physicians and surgeons. Women are no longer experimental in medicine. They have made their way. They have a definite place. I shall not go into details, because the time is limited. I have been taught by distinguished women physicians, and I have taught women physicians. I have women on my staff. There is just one little point that I want to make, because I know that you are in a hurry. It is with reference to the question that you brought up, Congressman Brooks, about women anesthetists. There is a great deal to anesthesia in addition to just pouring ether, which almost anybody can do. As a matter of fact, the progress in anesthesia is so great that in my department we deal with diseases of men—and frequently old men, who are quite decrepit—we have not used such anesthesia for 16 years. The New York State law does not allow ether in local or spinal anesthesia. The physician anesthetist is so far superior that there is really no comparison.

May I reiterate that women are no longer pioneers. They have won their place in medicine, and we men want to see that they get it.

Mr. MERRITT. Thank you, Dr. Lowsley, for your fine statement.

Dr. BARRINGER. Mr. Chairman, I present Dr. Charles Farr.

Mr. CELLER. Mr. Chairman, Dr. Farr is an outstanding surgeon of New York City. He is attending surgeon at New York Hospital and consultant to various hospitals. He is a fellow of the American College of Surgeons and is a past president of the New York Medical Society.

STATEMENT OF DR. CHARLES FARR, NEW YORK, N. Y.

Dr. FARR. Mr. Chairman and gentlemen, I have taught both men and women physicians for more than 35 years. I am connected with Cornell University Medical School and also the Yale University Medical School, where I represent the graduates on the alumni board.

As a teacher and as an associate of women physicians, I should like to speak a word with all the heart I can put into it and say that they are fully the equal of men. They have had to follow hard lines to get up there, but they are there. They are on the top, and if they are given an opportunity, they will make good. They are perfectly competent physicians to go into the military service. I can see no reason why, in all justice, they should not have an equal share.

Mr. MERRITT. Do you think that women doctors could stand all the rigors and necessary hardships of war?

Dr. FARR. I surely do.

Mr. ELSTON. Doctor, I do not think that it is necessary for you to try to sell this committee on the idea that women have become very able, capable, efficient doctors. I think we fully realize that. It is simply a question of whether or not it is necessary to resort to the women doctors and put them into the Army rather than the men. That, I think, is the sole question.

Dr. FARR. I would not say rather than men. We need both.

Mr. ELSTON. You realize, Doctor, that less than 10 percent of the population are going to be in the armed services; the other 90 percent are going to be at home and will have to be taken care of.

Dr. FARR. Yes, sir.

Mr. ELSTON. There are about 6,000 or 7,000 women doctors.

Dr. FARR. It takes many more doctors in the Army than in civil life.

Mr. ELSTON. The sole question is, we think, whether or not it is necessary, for the good of the country and the good of the armed services, to call upon these women to serve. I am just wondering, in that connection, if you know how many male doctors there are in the country and how many women doctors there are.

Dr. FARR. There are about 150,000 doctors all told. From 7,000 to 8,000 are, I think, women. That is a rough guess.

Mr. ELSTON. The statement was made a while ago that 6,000 or 7,000 women were eligible. I am wondering what is meant by "eligible."

Dr. FARR. In active practice and within the age limits. I doubt if there are quite as many as that who are eligible. I think there are about 8,000 graduate female physicians, but I do not believe there are that number who are eligible.

Mr. ELSTON. How many would be eligible, do you think?

Dr. FARR. I imagine 3,000 would be a fair estimate.

Mr. ELSTON. So, we come down to the question of consideration of 3,000?

Dr. FARR. Yes. That is just a guess. Nobody knows that until all these questionnaires are back.

Mr. ELSTON. Among the 3,000 you would find some, of course, who were physically disabled or some who would not be qualified?

Dr. FARR. When I said "ineligible," I included those who could possibly go if they were needed.

Mr. ELSTON. But there would be some who might not want to be commissioned and who would refuse a commission?

Dr. FARR. Quite a large number, undoubtedly.

Mr. DURHAM. Doctor, what was the date of issue of the first license to a woman?

Dr. FARR. I do not recall.

Dr. BARRINGER. It was nearly 100 years ago, to Elizabeth Blackwell. It has taken 100 years to open hospitals and medical schools, and we do not want to see them closed.

Mr. SPARKMAN. Was there not a woman doctor who served in the United States Army in the Civil War?

Dr. BARRINGER. Yes; a Dr. Walker.

Mr. MERRITT. The subcommittee will stand adjourned until 10 o'clock tomorrow morning.

(At 12:15 p. m., an adjournment was taken until Thursday, March 11, 1943, at 10 a. m.)

APPOINTMENT OF FEMALE PHYSICIANS AND SURGEONS IN THE MEDICAL CORPS OF THE ARMY AND NAVY

THURSDAY, MARCH 11, 1943

HOUSE OF REPRESENTATIVES,
SUBCOMMITTEE NO. 3 OF THE
COMMITTEE ON MILITARY AFFAIRS,
Washington, D. C.

Subcommittee No. 3 met at 10 a. m., pursuant to adjournment, Hon. Matthew J. Merritt, chairman of the subcommittee, presiding.

Mr. MERRITT. The meeting will please come to order. I should like to say for the benefit of those who are appearing in behalf of this legislation that we shall endeavor to call all who wish to present themselves if they care to say a few words, and I emphasize "a few words." We want to hear all of you and also go into executive session, so that we may have the bill ready for the full committee. Therefore, we rely on your cooperation in a great way, so that we may accomplish our purpose this morning. At this time Mr. Sparkman wants to make an observation.

Mr. SPARKMAN. Mr. Chairman, as has already been announced, I introduced H. R. 1857, which in a good many respects is a bill parallel to the one introduced by Mr. Celler, H. R. 824. I simply want to call attention to two differences between the two bills, in order that the record may show what they are.

Mr. Celler's bill, H. R. 824, would clear up the interpretation and definition of "persons," and, of course, would make it possible for the Secretary of War to appoint women officers wherever he saw fit in the armed services. My bill would provide only for the appointment of women doctors and surgeons in the Medical Corps of the Army and also of the Navy. My provision takes care of both services but limits it to doctors and surgeons. Those are the two principal differences between the two bills.

Mr. HARNES. Does the general act cover the Navy?

Mr. SPARKMAN. Yes.

Mr. HARNES. I did not know that.

Mr. SPARKMAN. In that connection, I should like to have appear in the record the letter from the Secretary of War dated yesterday, March 10, 1943, with reference to H. R. 1857.

(The letter is as follows:)

MARCH 10, 1943.

Hon. ANDREW J. MAY,
*Chairman, Committee on Military Affairs,
House of Representatives.*

DEAR MR. MAY: The War Department has no objection to the enactment of H. R. 1857, Seventy-eighth Congress, a bill to provide for the appointment of female physicians and surgeons in the Medical Corps of the Army and Navy.

The purpose of this bill is to authorize, during the present war and for 6 months

thereafter, the appointment of licensed female physicians and surgeons in commissioned grades in the Army of the United States or the Naval Reserve. The numbers, qualifications, duties, and assignments would be in accordance with regulations to be prescribed by the Secretary of War or the Secretary of the Navy. The bill authorizes the same pay and allowances, rights, privileges, and benefits as are provided for members of the Officers' Reserve Corps of the Army and the Naval Reserve of the Navy with the same grade and length of service. The bill limits persons appointed under its provisions to assignments in hospitals or other stations where female nurses are employed.

The War Manpower Commission has prescribed a limit upon the number of physicians and surgeons to be procured by the Army during 1943. Therefore, enactment of this bill will neither increase the number of physicians and surgeons available to the armed forces nor will it increase expenditures of the War Department. As the military service may secure only a limited number of medical officers, any female physician or surgeon so employed means one less male physician or surgeon withdrawn by the armed forces from civilian communities.

Attention is invited to the fact that there is now before your committee S. 495, a bill to establish a Women's Army Auxiliary Corps for service in the Army of the United States, which will authorize the commissioning of female physicians and surgeons in the Army of the United States.

The Bureau of the Budget advises that there is no objection to the submission of this report.

Sincerely yours,

HENRY L. STIMSON,
Secretary of War.

MR. SPARKMAN. I should like to call attention particularly to this paragraph in that letter, because there have been a number of questions asked in relation to this matter:

The War Manpower Commission has prescribed a limit upon the number of physicians and surgeons to be procured by the Army during 1943. Therefore, enactment of this bill will neither increase the number of physicians and surgeons available to the armed forces nor will it increase expenditures of the War Department. As the military service may secure only a limited number of medical officers, any female physician or surgeon so employed means one less male physician or surgeon withdrawn by the armed forces from civilian communities.

I call attention also to this statement in the first paragraph: "The War Department has no objection to the enactment of H. R. 1857." And to the last paragraph: "The Bureau of the Budget advises that there is no objection to the submission of this report."

I may say in this connection that I am in full accord with the Celler bill. I think, as a matter of fact, that the definition of "persons" ought to be cleared up in the law, and I should like to see the Celler bill enacted into law. I am perfectly willing to leave to the War Department the matter of what persons they will commission in the various branches of the service. I do recognize that there are some practical difficulties in connection with the possible enactment of that law, but I simply want to go on record as being in favor of it personally. That is all I have to say, Mr. Chairman.

MR. CELLER. Mr. Chairman, I wish, if I may, to say at this juncture that there was a letter sent, I understand, to the chairman of the Senate Military Affairs Committee, in which the War Department stated it had no objection or opposition to the so-called Celler bill.

MR. MERRITT. Yes. We shall now hear from Dr. James H. Fay, of New York.

STATEMENT OF DR. JAMES H. FAY, NEW YORK, N. Y.

Dr. FAY. Mr. Chairman and members of the committee, I appreciate your kindness in permitting me to speak here this morning in favor of the Celler bill. I have spent 10 years in the municipal hospitals of the city of New York, first as secretary of the board of trustees of Bellevue and allied, and later as deputy commissioner and acting commissioner of the Department of Hospitals. During those 10 years I had ample opportunity to observe the work of the women doctors in our municipal hospitals. They grace the staffs with honor to themselves and honor to the profession in the 26 municipals of New York, including Bellevue, the largest hospital of its kind in the world. We have never had difficulty with the women doctors on our staffs. Whenever they occupied the positions higher than men, as senior doctors on the intern staffs or as visiting doctors on the visiting staffs, they were able to get along with their fellow workers, fellow doctors, and those other doctors, both male and female, who served under them. I feel that the adoption and passage of this bill will be a great step in the direction of the winning of the war in which we are all engaged. Thank you very much.

Mr. MERRITT. Thank you, Dr. Fay.

I want the members of the committee to know that Dr. Fay is one of the outstanding heroes of the First World War, and that he spent a great amount of time in hospitals. He knows the work of the women physicians.

Our next speaker will be Mr. Sullivan, of the American Legion.

Mr. CELLER. Mr. Chairman, I understand that Mr. Sullivan could not be present today. Mr. L. S. Ray is appearing in his place in behalf of the American Legion.

**STATEMENT OF L. S. RAY, ACTING EXECUTIVE SECRETARY,
NATIONAL LEGISLATIVE COMMITTEE, AMERICAN LEGION,
WASHINGTON, D. C.**

Mr. RAY. Mr. Chairman and gentlemen, Mr. Sullivan, executive director of the national legislative committee of the American Legion, planned to be here this morning, but on account of illness he could not come. I have a short statement that Mr. Sullivan prepared that I should like to present to the committee.

Throughout the history of our country, the question as to what extent women should serve with our armed forces during the time of war has been highly controversial. Not so many years ago it was thought there were few places outside of home where they might serve. During World War I, of which we in the Legion have an intimate knowledge, women of America made an outstanding contribution in executive and professional capacities, as nurses in the armed forces, working in defense plants, driving ambulances, serving on foreign stations with the Red Cross, the Y. M. C. A., the Salvation Army, and in many other fields.

The last national convention of the American Legion, held at Kansas City, Mo., September 19-21, 1942, unanimously adopted the following resolution:

That provisions be made for the commissioning of women who are licensed physicians and surgeons in the Medical Corps of the armed services for service only in hospitals where female nurses are employed.

One of the bills before your committee is H. R. 1857, introduced at the request of the American Legion by Mr. Sparkman. This bill would accomplish our resolution and provides that during the present war and for 6 months thereafter there shall be included in the medical departments of the Army and Navy such licensed female physicians and surgeons as the Secretary of War and the Secretary of the Navy may consider necessary, with other specifications. Mr. Celler's bill, H. R. 824, simply cures the fault which was in Public Law 252 and permits the commissioning of women in the Army of the United States, with no reference to women physicians and surgeons and making no provision for their being commissioned in the Navy. It is our understanding that the Secretary of War does not oppose the enactment of the Sparkman bill, H. R. 1857.

Mr. HARNESS. To what fault were you referring?

Mr. RAY. It has been held or thought by many of us that "persons" in Public Law 252, as it is now, would and should include women.

Mr. HARNESS. You do not think that Congress, when it passed the original act, intended to include women in the armed forces?

Mr. RAY. I do not know. Very soon after that, Mr. Harness, commissions were provided for women.

Mr. HARNESS. It was by special legislation that we set up the auxiliary to the Army known as the WAAC's. Likewise, the Nurse Corps was established by special legislation.

Mr. RAY. Nurses were given rank during the First World War. Of course, they were not commissioned in the Army of the United States.

Mr. HARNESS. That was special legislation, applying specifically to women. Would you thrown down the bars and say to the War Department that it can take women into the armed forces of the United States regardless of whether they are housewives, doctors, or persons of some particular profession?

Mr. RAY. I have been rather of the opinion, speaking from my personal viewpoint, Mr. Harness, that we might depend upon the judgment of those who are heading our Army.

Mr. HARNESS. Do you want to delegate to the War Department the authority to take into the armed forces any woman they choose, regardless of whether she has any particular qualifications?

Mr. RAY. No; I did not make that statement, Mr. Harness.

Mr. HARNESS. That is precisely what the Celler bill does.

Mr. RAY. We do not like the interpretation that was placed on the word "persons."

Mr. CELLER. No; the Celler bill does not do that, Mr. Harness. It simply recognizes a woman is a "person" and permits the Secretary of War to commission women in the Medical Corps, Dental Corps,

or Veterinary Corps or elsewhere, but the Secretary passes upon her qualifications and talents and fitness for the particular service involved.

Mr. HARNESS. Well go ahead, Mr. Ray.

Mr. RAY. As I stated, the Celler bill would permit the commissioning of women in the Medical Corps, or the commissioning of them in the Army of the United States, I should say.

Mr. Sparkman's bill would direct that appointments of female physicians and surgeons be made to the Medical Corps of the Army and the Navy. As I stated, the Celler bill makes no provision for commissions in the Navy. It is our understanding, and Mr. Sparkman made the announcement, that the Secretary of War does not oppose the enactment of the Sparkman bill, H. R. 1857. I do not know whether or not that includes both bills.

At the present time all members of the Army and Navy Nurse Corps are commissioned officers in their respective services as are dietitians and physiotherapists. The WAVES and SPARS serving with the Navy and the Coast Guard, both at home and abroad, are eligible for commissions. No doubt pending legislation will be enacted to make them a part of the Army of the United States, many of them in commissioned grades.

With this background it seems there is no possible excuse for not making use of the many competent women physicians and surgeons who are anxious to serve with the armed forces, and, of course, they should serve as commissioned officers in the Army and Navy. For many years women have been outstanding in the field of medicine and surgery.

We urge that this committee favorably report, and that the Congress speedily enact, legislation providing commissions in the Army and Navy for qualified women physicians and surgeons, in order that our armed forces might have the benefit of their knowledge and skill, for which there will be an ever-increasing need both at home and in the theaters of combat.

Mr. HARNESS. In other words, you are favoring the Sparkman bill in preference to the Celler bill?

Mr. RAY. Our resolution, Mr. Harness, asks that there be commissioned women physicians and surgeons in both the Army and the Navy. I simply pointed out that the Sparkman bill includes both; Mr. Celler's bill does not. Mr. Sparkman's bill, as I interpret it, directs that there be commissioned such of those as are needed, while Mr. Celler's bill simply permits their being commissioned in those services.

Mr. MERRITT. Thank you, Mr. Ray.

We have present with us this morning the very able and distinguished chairman of the Military Affairs Committee, Mr. May. If he desires to ask questions at this time, we should be happy to have him say so.

Mr. MAY. Thank you, Mr. Chairman. After the committee finishes the hearing, I should like to have you go into executive session.

Mr. CELLER. Mr. Chairman, I present next Dr. Helena T. Ratterman, of Cincinnati, Ohio. Dr. Ratterman is the president of the American Medical Women's Association. She is in active practice in Cincinnati and is one of the leading physicians in obstetrics and gynecology.

STATEMENT OF DR. HELENA T. RATTERMAN, PRESIDENT, AMERICAN MEDICAL WOMEN'S ASSOCIATION, CINCINNATI, OHIO

Dr. RATTERMAN. Mr. Chairman and gentlemen, as president of the American Medical Women's Association, I represent a group of 1,200 women physicians. In their behalf and in behalf of the other 7,000 or 8,000 women physicians in this country, I ask in simple justice and all fair-mindedness that they be given a square deal. There is no sex in medicine except as the individual puts it in. Medical service that is provided for the Army should be rated the same in type and recognition whether it is provided by a man or a woman.

The present cry for more doctors in the armed forces would be more convincing if we did not know that there is an immediately available supply of women physicians of Army age and Army qualifications which is being ignored. Before yesterday it was hard for me to believe, and it was certainly hard for me to make people in my home town, Cincinnati, Ohio, believe, that an amendment to substitute "men for women" for the word "persons" was actually necessary. Before yesterday I should have said that the act of September 22, 1941, was being frustrated of its purpose by the Comptroller General's interpretation of the word "persons." But yesterday I heard, most unbelievably, that only a short 18 months ago the word "persons" was advisedly used to mean only men. If this is true, the act of September 22, 1941, was frustrated of its purpose as an emergency measure before it was ever passed. As an emergency measure, it failed of its purpose, for it does not make potentially available to the country the entire personnel, and for that reason the clarification certainly is necessary as provided for in this amendment.

We are engaged in the greatest struggle of our history. It is now generally conceded that manpower, if by that we mean the supreme efforts of all the men—if only male citizens are used—cannot win this war. Womanpower is needed too—and not only womanpower, but womanpower assembled and organized to its fullest efficiency.

Just about 50 percent of all the citizens, voters, and able-bodied workers in this country are women. The more important implication, if this amendment is not passed, is the limiting effect on our war effort. The pride that one has in his country does much to build morale and brings out the best effort an individual has to give. The heaviness of discouragement and disappointment, even if the effort is made generously, unselfishly, and heroically, detracts economically. It cannot help but do so. We do like to rate the United States of America among the leaders of nations, but we make a sorry comparison if we allow prejudicial discrimination based on sex alone to prevent the selection of the individual suited to the job. How are we to keep up our war effort when we feel that we are not making the fullest use of our resources in personnel?

Mr. MERRITT. Mr. Elston, of Ohio, would like to ask you a question, Dr. Ratterman.

Mr. ELSTON. I simply want to say that Dr. Ratterman is from my congressional district. She is one of the eminent physicians of Cincinnati, Ohio, and is certainly representative of a number of other very fine women physicians from Cincinnati and Ohio. I am very glad that she has had the opportunity to be present today. I am sure all of us appreciate her remarks.

I should like to ask a question, if I may, Dr. Ratterman. There are two bills before us, H. R. 1857 and H. R. 824. The latter is the one introduced by Mr. Celler; H. R. 1857 was introduced by Mr. Sparkman. I have no objection at all to women physicians being commissioned in the Army Medical Corps, but I do have some objection, and I think perhaps some of the other members of the committee may have objection, to simply placing an interpretation upon existing law which would throw the doors wide open to take women into any branch of the service in the Army. I do not think the women are asking for that. You are primarily concerned with commissioning women physicians in the Medical Corps of the Army, are you not?

Dr. RATTERMAN. I am as a physician; but as an individual I am interested in the other as an emergency measure, and I cannot see why potentially, as I have put it, in this emergency - this is an emergency measure, and these people would be drawn upon only in an emergency - 50 percent of our personnel possibilities are ignored, when they may be needed in an emergency and there is no time to change the legislation. I think the Celler bill, H. R. 824, should be adopted, in order to correct the present word "persons." I mean that H. R. 824 is needed to correct that language in the act of September 22, 1941, which is a specific emergency measure but is only 50 percent strong.

Mr. ELSTON. Of course, the Congress is here for the purpose of enacting legislation whenever it becomes necessary. It has done that. Congress enacted the WAAC bill, which made it possible for women to be taken into that auxiliary of the Army service. We have enacted the Nurse Corps bill. We have expanded that and made it possible to take in dieticians and others. I think the Congress would perhaps be willing to enact the Sparkman bill, to make it possible to commission women physicians in the Army. But after all, it is the duty of Congress to enact legislation and not simply throw the doors wide open to the War Department to use its discretion and bring anybody into the armed services.

Do you know of any group of women, other than those not already provided for, that would be included in this bill, who are seeking commissions in the Army?

Dr. RATTERMAN. May I answer that by a question, Mr. Elston? It seems to me that the measure as it stands throws the doors wide open to every male citizen, desirable or not, but it is up to the War Department itself to select properly, and I cannot see how it would make any difference in applying it to 100 percent of the population instead of to 50 percent. I mean we could argue for them in different groups, but there are different groups in the 50 percent who are males who are not chosen if they are not desirable. You leave it to the department to do the selecting. That is their prerogative. All the male citizens cannot be desirable choices, and you would safely leave the selection to your Selective Service. Why are you not just as safe if it applies to the other 50 percent of the population? I cannot see any difference or point there.

Mr. ELSTON. The Congress has perhaps been a little too liberal in granting to the departments discretion to do things, and sometimes the discretion is abused. I am not saying that it has been abused by the War Department, but it has been by some other departments of the Government. It has been most sadly abused, and some departments have placed constructions upon the law that were never

intended by Congress. We do not want to see that happen again. That is all.

Dr. RATTERMAN. I still do not see how, if it applied to women, it would be any looser than if it applied to just men. It is just going to apply to 100 percent of the population instead of 50 percent.

Mr. HARNESS. I feel precisely as my colleague, Mr. Elston, does about this matter. I have never had any opposition to the War Department recognizing the profession that you represent, or to amending the general law giving the Surgeon General the authority to take in women physicians on the same basis as male physicians are taken in. But I certainly am unalterably opposed to throwing open the doors and leaving to the War Department the discretion to take into the armed services women regardless of profession, capabilities, or qualifications. I further want to say that, if I understand your argument, it would naturally follow that we would draft women along with men for the armed forces. Are you advocating that, or do you believe that that should be done?

Dr. RATTERMAN. I am not advocating anything specifically at all. I am simply discussing this as an emergency measure as it must have been enacted possibly to meet future emergencies that could not be specifically known at the time it was drawn, or to cover possible eventualities. What they may be, I could not speculate on sufficiently to make it worth while to take your time.

Mr. HARNESS. When we enacted this legislation, we did not intend to cover women. We were giving to the War Department authority and power to take into the armed forces certain qualified male personnel, and it never occurred to anybody that it would cover women. I do not think it should have covered women, although I say to you frankly that I am in favor of, have always been in favor of, and have indicated my favor of the amendment of the act, the general law, which will permit the Surgeon General to recognize women physicians on the same basis as male physicians. But I cannot follow your argument, with all due respect, that we should amend the general law and give to the War Department discretion to take women into the armed services regardless of whether they have any particular qualifications.

Dr. RATTERMAN. May I ask you a question? Why, if you meant male personnel, did you use the word "persons"?

Mr. HARNESS. I cannot answer that.

Dr. RATTERMAN. I withdraw the question. Of course, primarily I am here for the women physicians.

Mr. ELSTON. If the act originally included both men and women, and we passed a Selective Service Act, it would require all the women of the country to be registered for military service. Are you in favor of having all women registered? The act reads that any person who would be eligible for military service would have to register and be subject to induction into military service. Now, would you be in favor of having women register?

Dr. RATTERMAN. Do you mean that that is right in the bill?

Mr. ELSTON. If the original act meant both men and women and later on we passed a conscription act, which would require both men and women to be registered and inducted into the military service, you would not favor that, would you?

Dr. RATTERMAN. Mr. Elston, I have read that act, but I have not read that part. I read the act as it was presented to me, and as it was printed it simply mentioned the emergency powers of appointing

qualified persons in the commissioned posts in the Army during the emergency, and I did not see anything further. Of course, if that meant drafting, all right; that would be included; but it did not say that specifically in the bill as I read it.

Mr. SPARKMAN. I should like to call attention to the fact that the Selective Service Act specifically provides that every male citizen residing in the United States shall be subject to the service.

Mr. ELSTON. I understand that; I know it does. But if you would want the general law to include both men and women, and you would want women to make the same contribution to military service and be subject to call the same as men, in all fairness you would have to include both men and women in the conscription act.

Dr. RATTERMAN. You would have to include men and women in the pool of our resources upon which we could draw in an emergency as it was seen fit.

Mr. ELSTON. We now get our men solely by induction. Men cannot enlist in the Army any more. We get them by induction. Do you want one set of rules for the women and another set for the men?

Dr. RATTERMAN. Was not the special act to give a power beyond the routine way of drafting an army and people to work in the armed forces, something beyond and outside of that for special induction into this service of people that were particularly qualified and needed during this particular emergency? That was in addition. They were to serve only during the emergency and possibly for 6 months afterward, and that was all.

Mr. ELSTON. The Conscription Act is to take care of the emergency.

Mr. JOHNSON. Mr. Elston, does not the Conscription Act itself say definitely that only men are included in the registration and induction?

Mr. ELSTON. Yes, it does that very thing, but it said that, no doubt, because of the fact that the Congress intended the word "persons" to mean just males.

Mr. JOHNSON. The Celler bill provides that it is only for officers during this emergency.

Mr. ELSTON. I appreciate that, but Dr. Ratterman wants it to include women for all branches of the service. If you take officers, you should probably take enlisted women, too. If women are going to make a contribution to the military service, I do not understand that you want to be limited just to officers.

Dr. RATTERMAN. I do not think I made any such statement.

Mr. ELSTON. Oh, I know you did not, but the gentleman from California just indicated that the Celler bill applied only to officers. Your statement was a general statement and applied to all the women. I am simply trying to find out whether or not you feel that women should be treated exactly the same as men when we take them into the service. Shall we take them in the same way, by induction and registration? I do not think that the women of the country want that, and personally I am not in favor of registering the women of the Nation.

Dr. RATTERMAN. I am afraid that I did not make my meaning clear. I was simply discussing this emergency act as I think it was originally intended—a potential, something there to dip into, a pool of resources in personnel for an emergency duration. It simply

means that that pool should concern and include every individual in the country, because we would not know who might be needed—whether men and women, or one man and one woman, or several men, or a great number of women. It is hard to tell. It is forecasting the future, which is further than I can go. I was simply arguing that as an emergency measure it loses force if it is as a pool of only half of our actual resources in personnel.

Mr. ELSTON. Anyway, we agree on the doctors.

Dr. RATTERMAN. We agree on the doctors.

Mr. ELSTON. Thank you, Dr. Ratterman.

Mr. CELLER. Mr. Chairman, I should now like to present Dr. Frank Howard Lahey, the present Chairman of the Procurement and Assignment Division of the War Manpower Commission, and until recently president of the American Medical Association.

Mr. MERRITT. We shall be glad to hear from Dr. Lahey.

I notice another member of our full committee, Mrs. Luce. If she desires to ask any questions, we shall be glad to have her do so.

STATEMENT OF DR. FRANK HOWARD LAHEY, CHAIRMAN, PROCUREMENT AND ASSIGNMENT DIVISION, WAR MANPOWER COMMISSION

Dr. LAHEY. As Chairman of the Procurement and Assignment Division, which is the agency under which has been placed the responsibility for obtaining medical personnel for the armed forces, I am very conscious of the fact that there will be difficulty in obtaining enough doctors to satisfy the needs of the Army, the Navy, and aviation for the coming years. There are, as everyone knows, 43,000 doctors in the Army now. There were 31,550 doctors in the Army at the end of the last war, when we had 4,500,000 men in the service. If we go according to the figures, and if we continue according to the Army tables of organization, which are one and one-half doctors per thousand, one and one-half dentists, and 0.75 veterinarians, we would about use up our supply of active doctors.

We have 175,000 doctors. Subtracting those who are over 65 and rating those as only two-thirds efficient, subtracting those who are necessarily occupied in industry, laboratories, public health, and so on, and subtracting all those who are not available for active service, we will have at the end of this year about 80,000 doctors to take care of our 130,000,000 population. If you subtract the 10,000,000 who are associated with the armed forces, we will have 120,000,000 people with 80,000 doctors. We know that if this goes on, we will need all our resources. It seems to me that we will need women doctors, and we will need them, I believe, very seriously. We will get to the place where, I believe, if this goes on 2 or 3 years longer, we will really literally be scraping the bottom of the barrel for doctors.

It is true that this country has good medical care. We have one doctor to 1,500 population; England has one to 2,300; Germany, one to 12,000. On the other hand, there are many problems in this country that lead us to the use of women doctors. With our wide areas, and so on, the situation is a good deal different from that in England and in Germany.

So, we in the Procurement and Assignment Division feel very strongly that we should like to see women doctors commissioned. I have talked to the Surgeon General of the Army and the Surgeon General of the Navy. I talked with Admiral McIntire, Assistant Surgeon General of the Navy, not more than a half hour ago. He said that the Navy urgently wants women doctors. The Navy will take 600 women doctors immediately if it can get them. It will commission 200 of those 600 up to the grade of lieutenant commander, 200 up to the grade of lieutenant, senior grade, and 200 as of the grade of lieutenant, junior grade. In the same way the Army can use women doctors. We all realize where they will go and how they will be utilized. Set up as it is today, it is a matter for the Surgeon General of the Army or of the Navy to determine. But the thing I should like to say is that we have approximately 8,000 women doctors. They are well educated, they practice, and they take care of your children and mine. I employ them in the clinic. It seems to me that we have passed the period of surplus and are approaching a period of scarcity. I think we should commission those who are found acceptable. Let the Surgeon Generals of the Army and Navy have the right to determine whom they will take or will not take. They can take or not take, accept or reject. It seems to me that women doctors ought to be commissioned.

I have just come from the west coast, where I spent 5 weeks visiting every naval hospital on the west coast and seeing all the war wounded from the South Seas. They are busy. If they are busy now, what will the situation be if we get more wounded? We will, I believe, need all of our doctors, and I should certainly say that there will be a place. In spite of the fact that Russia uses women doctors on the front lines, I am sure that the Army and the Navy both realize that, unless the situation becomes extremely urgent, our women doctors would be put in places where they would fit well. I think they understand that, as they have talked to me. But I can say to you that both the Army and the Navy would like to have women doctors commissioned.

MR. MERRITT. Are there any questions by members of the committee?

MR. SPARKMAN. I have just one question. I was very much interested in a statement that you made at the beginning of your remarks which has connection with an item^a in a morning paper. The item I refer to appears in the New York Times for today and is entitled "Army Medical Needs Put at 50,600 Men. A. M. A. Journal Lists Doctors, Dentists, and Veteranarians." It is an Associated Press article with a Chicago date line. I should like to read it.

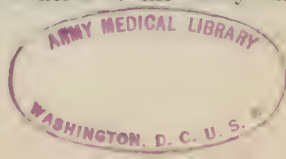
(The newspaper article referred to is as follows:)

[From the New York Times of Thursday, March 11, 1943]

ARMY MEDICAL NEEDS PUT AT 15,600 MEN—A. M. A. JOURNAL LISTS DOCTORS, DENTISTS AND VETERINARIANS

CHICAGO, March 10 (AP)—The Army plans to commission during 1943 6,900 physicians, 3,000 interns and resident doctors from hospitals, 4,800 dentists and 900 veterinarians, according to the Journal of the American Medical Association.

Under a new procedure, the announcement said, none will be commissioned until he has been declared "available" by the procurement and assignment service of the War Manpower Commissioner. The Surgeon General of the Army has discontinued all medical recruiting boards.



Most of the new Army doctors will be obtained from 20 States and the District of Columbia, some States already having filled their quotas, the publication said.

The 20 States were California, Colorado, Connecticut, Illinois, Iowa, Maryland, Massachusetts, Minnesota, Missouri, Nebraska, Nevada, New Hampshire, New Jersey, New York, Ohio, Oregon, Pennsylvania, Rhode Island, Vermont, and Wisconsin.

The Journal listed as already having contributed more physicians to the armed forces than the sum of their 1942 and 1943 quotas and not to be called on during this year to furnish any more doctors, except interns and residents, and except special cases for specific position vacancies, Alabama, Arizona, Delaware, Georgia, Idaho, Kentucky, Louisiana, Mississippi, New Mexico, North Carolina, South Carolina, Tennessee, Texas, West Virginia, and Wyoming.

It is said there would be no procurement of dentists, except special cases for specific position vacancies, in Alabama, Arizona, Arkansas, Delaware, Florida, Georgia, Kentucky, Louisiana, Mississippi, New Mexico, North Carolina, Oklahoma, South Carolina, Tennessee, Texas, and Virginia.

"At present there are no restrictions on the recruiting of veterinarians," the Journal added.

Mr. SPARKMAN. That is a very accurate picture of the situation as you figure it, is it not?

Dr. LAHEY. Except for one figure. The Army figure is too high. It is 11,500.

Mr. SPARKMAN. Instead of 15,600?

Dr. LAHEY. That is right.

Mr. SPARKMAN. Does your figure include veterinarians, dentists, and interns?

Dr. LAHEY. That is right; doctors alone. Perhaps the other figure includes veterinarians.

Mr. SPARKMAN. It breaks it down and includes doctors, dentists, and veterinarians.

Dr. LAHEY. I should like to stick to the point and not waste your time. I will give you any information you would like to have. I think you ought to know that during this past year there has been a real cooperative and coordinated effort between the armed forces and procurement and assignment representing the all-over picture of civilians in the armed forces. We have succeeded in obtaining a meeting monthly, on the average, with the Surgeon Generals of the Army, the Navy, and aviation, and in those meetings, compromises are made with what they would like and what there is available. One of the ways in which to make this cloth a little bit longer is to use women physicians.

Mr. DURHAM. In other words, Dr. Lahey, we have already reached the rationing process for doctors?

Dr. LAHEY. We have rationed them from the beginning. We have set up quotas from the very beginning as to what each State ought to give, considering whether the State possesses thickly populated areas or is sparsely settled. For example, in Alabama, which is sparsely settled, an allowance is made. In New York, which is settled thickly, it is weighted in favor of them, and more are sent to New York.

Mr. HARNES. You are not advocating any particular or specific legislation?

Dr. LAHEY. I know nothing about legislation; I know a great deal about needs.

Mr. HARNES. You would like to see the collection of physicians under the same rules and regulations as now prevail, would you not?

Dr. LAHEY. I think it would be wrong to do anything else. After all, you hold the surgeons general of the Army, Navy, and Aviation

responsible; therefore, they must have the authority to select. The selection of women physicians should be on the same basis as the selection of men physicians.

Mr. HARNESS. I agree with you, but this is not based on any legislation. It is a rule and a regulation issued by the Surgeon General or the Secretary of War, is it not?

Dr. LAHEY. I cannot tell you the origin; all I know is that they do have the authority.

Mr. HARNESS. Both those rules and regulations could be changed by the War Department at will, could they not?

Dr. LAHEY. Yes; I think so.

Mr. HARNESS. So, if you threw down the bars and opened it up to the Office of Procurement and Assignment, outside the Surgeon General's Office, they might change the rules and regulations so that they could procure doctors and other personnel from outside or through some other means. Do you understand what I mean? We have an Office of Procurement set up in the War Department. They can select officers. They are not a part of the civilian population. Irrespective of the Surgeon General's Office, if general legislation is passed giving that procurement board authority, it could select anyone it pleased.

Dr. LAHEY. But there is a general ruling—where it comes from, I do not know—to the effect that the United States Army and Navy may employ only regular graduates in medicine—regular graduates of accepted medical schools.

Mr. HARNESS. That is all, Dr. Lahey, thank you.

Mr. JOHNSON. Doctor, do you have a break-down in figures showing how many women doctors are single and how many are married?

Dr. LAHEY. There may be such a break-down, but if there is I do not know of it. All I can say is that I think they are pretty well broken down. [Laughter and applause.]

Mr. HARNESS. Do you want the Army to have any broken-down doctors?

Dr. LAHEY. Well, I have seen some pretty good broken-down doctors. You know, I want to know whether they are broken down physically or mentally. [Applause.]

Mr. JOHNSON. I was thinking of this more seriously than perhaps you thought. In my opinion, there are many women doctors not married who could take the places that might be occupied by men having families.

Dr. LAHEY. Yes, that is right.

Mr. JOHNSON. That might have some bearing.

Dr. LAHEY. This does not mean that women doctors are going to go into the Army. They would be just the same as men. The same thing is true of industry. For instance, in the shipbuilding industry, at the Kaiser plants at Swan Island, Vancouver, or Richmond, you could not drop a woman down into the hold of a ship, when a fellow falls down, as easily as you can a man; but you can use women in airplane plants, such as Consolidated at San Diego or Boeing at Wichita. This means that they will be fitted into their jobs.

The CHAIRMAN. May I ask a question?

Mr. MERRITT. Yes, Mr. May.

The CHAIRMAN. How many physicians are licensed to practice in the United States?

Dr. LAHEY. One hundred seventy-nine thousand.

The CHAIRMAN. How many are in the armed forces?

Dr. LAHEY. Forty-three thousand.

The CHAIRMAN. Have you made any study of the effect of the drawing of doctors from civilian life into the Army on the need that is growing in civilian life for additional physicians?

Dr. LAHEY. Oh, yes; we try to watch it all the time. That is one of the reasons why I have just traveled to the western coast, going up and down that coast. Of course, it has created tremendous problems of shortages, depletions, and so on.

The CHAIRMAN. Have you given any thought to the idea that when you induct a male physician into the armed forces or into the Medical Corps of the Army, we will say, he is to all purposes a member, and you can put him anywhere?

Dr. LAHEY. That is right.

The CHAIRMAN. Either up near combat or among combat troops, whereas a woman could not?

Dr. LAHEY. That is right; and that is the way General McGee feels. He feels, without prejudice to women, that if a woman is taken out, she may keep a man at home who could be put anywhere. But that again comes back to the fact that I would assume that discrimination would be used. On the other hand, they can take care of the WAAC's, WAVES, SPARS, and all the others to better advantage.

The CHAIRMAN. You said awhile ago in your testimony that the women physicians of the country are taking care of our children, our wives, and members of our families. Do you not think that they could serve better in that capacity than they could in the armed forces?

Dr. LAHEY. I have just come from Bremerton, where the Navy takes care of the wives and the children of its personnel. The Army does likewise. I should say that I would not favor any over-all plan that puts it in one place or the other. I should like to see the system made flexible, so that the women could be used wherever they can be to the best advantage in the armed forces and to the best advantage in the civilian life. That is one of the duties, of course, of Procurement and Assignment. It looks over a community and sees what that community needs. It looks over an industry, and says, for example, to John Jones, in Pittsfield, Mass., "Dr. Jones, we think you are essential. Whether or not you want to go into the Army, we think you ought to stay where you are."

The CHAIRMAN. One of these bills is mandatory and provides that there shall be commissions for the Medical Corps; the other is permissive. What is your view?

Dr. LAHEY. Permissive.

The CHAIRMAN. What is your view with respect to the duty of the Congress or the propriety or the impropriety of the Congress in saying "shall" or "may"?

Dr. LAHEY. "May."

The CHAIRMAN. Thank you, Doctor.

Mrs. LUCE. Mr. Chairman, may I ask a question?

Mr. MERRITT. Yes; Mrs. Luce.

Mrs. LUCE. Doctor, you feel, of course, that women physicians should be commissioned in the Army. Do you extend that also to dentists and dietitians.

Dr. LAHEY. Not to dietitians. I do not know about them. My difficulties involve themselves only with physicians, dentists, and veterinarians. When you work with this procurement problem, you get to think of it all as one group. We do not include nurses as our responsibility in procurement and assignment. We are charged with the responsibility of providing doctors, dentists, and veterinarians. When I speak of one, I mean all. After all, women fit particularly well into positions in dentistry. I do not know how many veterinarians there are.

Mrs. LUCE. Thank you.

Mr. MERRITT. Mr. Celler, we might allow one more witness to testify; then you may introduce the rest of the people.

Mr. CELLER. Mr. Chairman, I present Mrs. Frank Vanderlip, a very distinguished citizen of New York and a member of the board of trustees for the New York Infirmary of Women and Children.

STATEMENT OF MRS. FRANK VANDERLIP, MEMBER, BOARD OF TRUSTEES, NEW YORK INFIRMARY OF WOMEN AND CHILDREN

Mrs. VANDERLIP. Mr. Chairman and gentlemen, as the only lay woman here, I think I may say that I have followed women's rights movements for what sometimes seems as much as a hundred years, but it is not quite that long. I have, however, watched the gradual improvement in the status of women. We were lulled into a state of security by thinking we would never run into prejudice again; so at the end of the last great war, when Surgeon General Gorgas promised women this privilege that they are now asking, we did not press the matter, because we thought that there would never be another war, and that we did not need to be vigilant.

At that time women from the New York Infirmary had gone to France—quite a large unit—to establish a hospital for women and children behind the lines inland. By the time they got there, they found they were in the front lines of battle. The wounded poured into their hospital, and they took care of those wounded at that advanced station in a magnificent way under the French and British medical corps. At the end of the war they were decorated by the French and British Governments.

I should like also to remind you that American women are now flying for the British, and one distinguished woman doctor has been commissioned in the British Medical Corps. So, it is not an unheard-of-thing for women to take care of the wounded in advanced positions. They do not faint; they do not misbehave; they are seasoned doctors and know their work.

I should like to have you think for just a moment of what women doctors go through. They have difficulty getting into medical colleges. They have to be very good morally and mentally to get through medical college. Then, when they come out and go into the hospitals, side by side with young men, they have to have very special ability ever to win a residency. To go to the top of their profession, they have to go to hospitals which really appreciate the services of women. So, by the time women physicians are finished, after 8 years of university or college training and 1 or 2 years of internship, they are very seasoned persons. To be surgeons, they have to have 2 years of special training, and that is, of course, longer than the usual internship.

As chairman of the board of the New York Infirmary, which is a hospital staffed entirely by women, I have watched women's management of this excellent hospital for 14 years. I feel very seriously that they are well fitted to undertake any position that they have specialized in. I think no one knows better than I do the specialties that these women might bring to the Army Corps. There are specialists who are surgeons, anesthetists, plastic surgeons, specialists in eye, ear, nose and throat work, specialists in tropical and contagious diseases, pathologists, bacteriologists, and others. You all realize, of course, how excellent the women physicians are in the laboratory. They are patient and worry through a long experiment to its end.

As a mother, I would welcome women at the front or in any base hospital where my sons might be. We realize the excellence of the Army hospitals. I am quite familiar with them, both in the last war and in this, and there is nothing we can desire further in science and in care. We realize that the nurses are the best in the world. They have already had the approval of two governmental agencies, their own States and the Army authorities. Women doctors certainly are worthy of as much as the nurses, and I think they would serve equally as well.

I hope that you will pass this legislation, because as an admirer of my sex and as a mother who may suffer from having sons in the service, I feel strongly that women physicians would bring something special and excellent into the armed services.

Mr. MERRITT. Thank you very much, Mrs. Vanderlip.

Mr. CELLER. Following your suggestion, Mr. Chairman, I shall simply call upon the women, and they may state where they come from.

Mr. MERRITT. If they have any written statements they wish to leave with the committee, we shall be glad to have them given to the reporter.

Mr. CELLER. I shall call upon them, and they will stand and give their credentials.

Dr. ANITA MUHL. Dr. Muhl has just come from Australia, and she has done considerable medical work. Will Dr. Muhl rise and state her credentials?

Dr. MUHL. I am representing all the medical women of California, especially of Southern California.

(Here follows statement of Dr. Muhl:)

STATEMENT OF DR. ANITA MUHL OF SAN DIEGO, CALIF., DOCTOR OF MEDICINE, DOCTOR OF PHILOSOPHY, FELLOW OF AMERICAN COLLEGE OF PHYSICIANS, AND FOR 3 YEARS LECTURER IN PSYCHIATRY AND CRIMINOLOGY AT THE UNIVERSITY OF MELBOURNE, AUSTRALIA

Dr. Muhl was on the staff of St. Elizabeths Hospital, Washington, D. C., and she was for 2 years psychiatrist of the State Department of Education of California. She was for 3 years in Australia working on research on delinquency prevention.

The Australian Army has commissioned women physicians and surgeons in the armed forces with great success. The assistant director to the chief medical authority for the third military district is Maj. Lady McKenzie. She is the wife of Sir Colin McKenzie who died several years ago. Maj. Lucy Bryce is in charge of pathology department at the new military hospital at Heidelberg, 30 miles outside Melbourne. Capt. Ella McKnight is a surgeon in the Army. Dr. Ann McCloud has been placed in charge of the Alfred Hospital. Dr. Mildred Hutchins is a full flight lieutenant in the Air Force. These women have the same rank, same pay and same responsibility as the men.

The armed forces of Australia have admitted that the experiment of commissioning women in the armed forces has been highly successful and that women have given outstanding service. Many more women have been commissioned in the armed forces than just the ones mentioned. I cannot too strongly urge the passage of the bill commissioning women in the Army and Navy of the United States. I feel that they have a great contribution to make, and I feel that they should have equal rank, equal pay, and equal responsibilities.

Mr. CELLER. Dr. Ralli, will you state your qualifications?

Dr. RALLI. I am from New York State. I am associate professor of medicine at the New York University Medical School.

(Here follows statement of Dr. Ralli:)

Dr. ELAINE P. RALLI

NEW YORK, N. Y.

In my capacity of teaching medicine at New York University College of Medicine, I have been in contact and taught male medical students. As this medical school is one of the largest in the East, and as all but 5 to 8 percent of the students are men, my contacts have been largely with male students. In addition, I have had young doctors working with me in the clinics and laboratories. These men are now medical officers in the United States Army or Navy and I hear from them quite regularly. At no time in my contact with them have I been conscious of any antagonism on their part at being taught by a woman physician. There are many other women physicians who have had the same experience. It seems to me that if women doctors can teach men medicine and have them as assistants in clinics and laboratories, they will be able to get along with them in the Army and Navy regardless of differences in rank.

Another point which is brought up by discriminating against women physicians in the armed forces is the principle involved; we are theoretically a democracy, we as male and female citizens, have the right to vote; if a qualified woman is in a position to be of use to her country during this emergency, she should have the right to volunteer her services in the armed forces. The other countries fighting with us have commissioned women doctors in the medical corps of the army and are using them to advantage. How can the Congress of the United States deny to American women doctors living in a democracy the rights that are granted to the women of Great Britain, Canada, and Russia.

ELAINE P. RALLI.

Mr. CELLER. Dr. Alice Wooley.

Dr. WOOLEY. I am a past president of the Women's Medical Society of New York State and chairman of the committee of opportunities for medical women.

Mr. CELLER. Dr. Zoe A. Johnston.

Dr. JOHNSTON. I am from Pittsburgh. I am president-elect of the American Medical Women's Association. I also represent the radiologists.

Mr. CELLER. Dr. Marguerite McCarthy.

Dr. MCCARTHY. I am from Syracuse, N. Y. I am the president of the Women's Medical Society of the State of New York. There are 1,200 women physicians in the State of New York, 700 of whom are in New York City.

Mr. CELLER. Dr. Henry Sage Dunning.

Dr. DUNNING. I am professor of oral surgery at Columbia University; attending surgeon at Presbyterian Hospital, where we have trained medical officers for the last 6 or 8 months in New York City.

Mr. CELLER. Dr. Kathryn Whitten is from Indiana.

Dr. Whitten says that she would like to place in the record a score or more of letters from publicists and distinguished men and women throughout the length and breadth of the land in support of my particular bill.

Will you state your credentials, Dr. Whitten?

Dr. WHITTEN. I have practiced medicine and surgery for 25 years in Fort Wayne, Ind. At present I am chairman of Medical and Surgical Relief for Indiana.

Mr. HARNESS. I wonder if Dr. Whitten would care to come forward for a question of two. The lady said she was supporting the bill of the gentleman from New York. I wonder if I may impose upon her for a few questions.

Doctor, I think you are primarily interested in opening the doors to the women of your profession?

Dr. WHITTEN. Yes; I am.

Mr. HARNESS. Do you think that it would be wise for the Congress to pass general legislation that would open the doors to all women and leave it to the Office of the Procurement and Assignment Board in the War Department to commission women in the Army regardless of professional ability or qualifications?

Dr. WHITTEN. At the moment I am interested only in the women physicians and surgeons.

Mr. HARNESS. I thought so. In other words, you would advocate and would favor a special bill that grants the women doctors of America the same consideration in the armed services as is accorded the male doctors?

Dr. WHITTEN. Yes, I would.

Mr. HARNESS. That is all.

Mrs. LUCE. Mr. Chairman, may I ask the witness a question?

Mr. MERRITT. Yes, Mrs. Luce.

Mrs. LUCE. Dr. Whitten, you said you were supporting Mr. Celler's bill, which is a way of alluding to the outmoded ruling of the Comptroller General that women are not persons. This bill will establish the fact that both women and men are persons. Your interest is primarily in women physicians?

Dr. WHITTEN. Yes.

Mrs. LUCE. You are not, of course, interested in the equal status of women in all branches of the service to which they might be called?

Dr. WHITTEN. I am interested primarily in the women physicians and surgeons, and not particularly in this other matter which you speak of. I did not think it included them in all branches of the armed services. I did not understand it that way. I am interested only in the women physicians and surgeons being recognized.

Mr. HARNESS. I should like to say for the record that Dr. Whitten comes from Fort Wayne and is an outstanding physician of Indiana, one of whom we are very proud.

Mr. MERRITT. Dr. Whitten, have you some papers that you desire to leave with the committee?

Dr. WHITTEN. Yes, Mr. Chairman.

Mr. MERRITT. Please leave them with the reporter, so that they may be included in the record.

(The letters referred to are as follows:)

KATHRYN M. WHITTEN, M. D.
Fort Wayne, Ind., August 24, 1942.

Mr. LOUIS ADAMIC,
Milford, N. J.

DEAR MR. ADAMIC: There have been a number of attempts made to have women doctors accepted for the armed services of our country. There are 10,000 practicing women physicians in the United States. Many of them are eager to be of service wherever they are needed. The Secretary of War, however, has decreed that no women doctors would be permitted to enter the Army.

As a practicing surgeon for over a quarter of a century I have joined in the effort to break down the barriers against women physicians in the armed forces. Through my own personal experience I know that women can stand the strain and pressure of the most harrowing experiences. This has already been proved by the heroism of the women nurses of Bataan and other far-flung battlefields. Our allies, on the other hand—Russia and Great Britain—have already permitted women doctors to enlist and serve with their armed forces.

I am very anxious—and many of my colleagues are, too—to obtain the opinion of outstanding men and women on this question. I have been asked to take a poll and I am therefore taking the liberty of writing you, among others, asking you to be good enough to let me have your opinion on the proposition. I would appreciate you letting me know whether you favor the idea or are opposed to it, indicating briefly your reasons for your decision.

Sincerely yours,

KATHRYN M. WHITTEN.

DEAR DR. WHITTEN: It seems to me a doctor is a doctor whether male or female, and I'm in favor of using women doctors in the armed forces.

LOUIS ADAMIC.

ITALIAN DRESS & WAIST MAKERS' UNION,
LOCAL 89—I. L. G. W. U.,
New York, August 26, 1942.

Miss KATHRYN M. WHITTEN, M. D.,
Fort Wayne, Ind.

DEAR DR. WHITTEN: In response to your request to have my opinion on the question of the discrimination against women physicians, my general views and the philosophy I believe in, are that I am against any sex distinction wherever possible, but all of you doctors know that there is something in life which is meant more for men than women, and I naturally understand the point of view of the Secretary of War, in not permitting the women physicians enter into the Army.

However, this is a total war. There is very little distinction between the Army and the Navy, the Air Corps, and the civilian population. This is a war which has very little respect for children, elderly people, and women. It is true that here in America, we are fortunate up to the present moment to be spared from the fate of the civil population of the other countries of the world. We wish and hope that such privilege will be continued, but we have to be prepared.

So, if by a decree of the Secretary of War, the men doctors are called in the Army, at least, we should be happy that there are 10,000 practicing women physicians in the United States, who in case of emergency, can attend to the civil population.

Naturally, if I had my choice, personally, at my age, I would prefer the services of a woman physician, and you cannot blame me. Aside of this little joke, which I hope will be taken in the proper spirit, I admire the enthusiasm and good will of the American women, who want to take part in this war for the survival of civilization.

Sincerely yours,

LUIGI ANTONINI.

THE LADIES OF CHARITY OF THE CATHOLIC CHARITIES
OF THE ARCHDIOCESE OF NEW YORK, INC.,
New York City, August 27, 1942.

Dr. KATHRYN M. WHITTEN,
Fort Wayne, Ind.

DEAR DR. WHITTEN: In response to your inquiry of August 24 as to what my opinion is with regard to women doctors being accepted for the armed services of our country, my reply would be that I personally would not have the slightest objection to women doctors serving. In fact there are many places where women could be of enormous help, not only as a doctor or surgeon but in bolstering the morale of our men. If the women nurses can be in the thick of battle, why can not our magnificent corps of women doctors who were prepared to enlist serve with the armed forces and do their bit, too?

As one who has given a great many years of her life to social service I am totally against, unless in very extreme cases, the mothers of families having to go into governmental service and having young children in the care of strangers but I realize that in a war such as the one in which we are engaged at present even this greatly regretted circumstance may have to occur.

Why the unmarried women doctors of normal good health could not serve with the Army, Navy, or Air Force certainly with the first two branches of the service, as they are doing in England, seems to me a little bit out of date in a country like our own where women are supposed to be the natural leaders.

I am not desirous of setting my humble opinion against that of the Secretary of War but you have asked me for a frank expression of my personal opinion and I have given it to you. All things being equal I can see no reason at all why a woman doctor should not be permitted to serve her country to the best of her ability and her trained professional skill.

Sincerely yours,

LADY ARMSTRONG, *President.*

AMALGAMATED CLOTHING WORKERS OF AMERICA,
New York, N. Y., September 10, 1942.

Dr. KATHRYN M. WHITTEN,
Fort Wayne, Ind.

DEAR MISS WHITTEN: A reply to your letter of the 24th has been delayed due to my absence from the city.

I am absolutely in favor of women physicians participating on equal terms with men in the armed forces and I am very happy to lend my name along with the other women supporting your efforts.

Sincerely yours,

DOROTHY J. BELLANCA.

THE SOCIETY FOR ETHICAL CULTURE IN THE CITY OF NEW YORK,
September 3, 1942.

Dr. KATHRYN M. WHITTEN,
Fort Wayne, Ind.

DEAR DR. WHITTEN: I have just returned to the city and find your letter of August 24.

I highly approve of the use of women doctors in the armed services, not only because I would have faith in their ability to carry on, but because as a matter of principle I would approve of mobilizing our medical resources regardless of race, creed, color, or sex.

On the other hand, I am aware that in many communities there will be a definite shortage of medical men and it would seem highly important that women physicians be available. It seems highly important to me that our civilian populations should not be left with inadequate medical resources for the duration.

Yours very truly,

A. D. BLACK.

New York, August 30.

DEAR DR. WHITTEN: It seems to me that women the world over have proven very adequately that they can bear the strain of whatever experiences this terrible conflict is bringing with it.

I should very much approve of permitting, and more than that, of urging women to enter the armed forces as doctors, just as they are entering so many of the other branches.

We women have still something of a hurdle to face, and the more outstanding a contribution women can make in all the many and varied fields of public service, the sooner will generalizations be overcome, and people be considered on their merits and capabilities, regardless of their sex.

Sincerely yours,

Mrs. SIDNEY C. BORG.

NEW YORK, August 25, 1942.

Dr. KATHRYN M. WHITTEN,
Fort Wayne, Ind.

DEAR DR. WHITTEN: Replying to your letter of the 24th instant, relative to the acceptance of women doctors for the armed services, I beg to say that I am heartily in favor of it. I can see no reason whatever why there should be any objection to it. I suppose it is a remnant of the old prejudices which relegated women to the same types of functions that the Hitlerites still do.

I will be interested to see the results of your poll.

Sincerely yours,

A. A. BRILL.

PERKASIE, PA., *August 28, 1942.*

Dr. KATHRYN M. WHITTEN,
Fort Wayne, Ind.

MY DEAR DR. WHITTEN: I have been following with the keenest interest the struggle of women physicians to enter the armed services on a basis of equality with men physicians. I am very glad, therefore, to have your letter and to be able to express my opinion. I cannot, of course, see any reason for the prejudice against women doctors in the armed services. Women have shown in many walks of life that they can stand prolonged physical strain better than men can. In other countries, such as China and Russia, women are in the armed ranks as soldiers and as doctors. There can be no excuse for the discrimination against women in our country. The reason for it, therefore, is discreditable—for it is based either on professional jealousy or on senseless prejudice.

My heartiest good wishes go with you in this further fight to make democracy real.

Very sincerely yours,

PEARL S. BUCK.

NEW ROCHELLE, N. Y.,
September 10, 1942.

Dr. KATHRYN M. WHITTEN,
320 West Wayne Street, Fort Wayne, Ind.

DEAR DR. WHITTEN: I am very much interested in the problem of women serving as physicians in the war. In the last war, the suffragists sponsored the Women's Overseas Hospital which was managed by doctors from the New York Infirmary for Women and Children. At that time, some barriers kept those women from doing what they wanted and I am very glad, indeed, to know there is a movement to try to break those barriers now. If there was anything I could do to help, I would gladly do it, but I am an old lady now and not able to do very active work; however, I still see the wrong and the need of action.

What is ridiculous about it is that England and France admitted women doctors in the last war and our country did not. England is doing it now and so is Russia. The reason why I am in favor of women doctors serving in wars is in addition to other reasons that are urged. I do not believe that young women should be exposed to the dangers of association with very many men without careful chaperonage and the influence of women doctors, with their intelligence and status, would have a useful influence in keeping the standards right.

In the last war, I was a member of the Women's National Council of Defense and I offered, at the beginning, to go to Canada to see what the women were doing there, in order that we might find some suggestions to imitate. It was evident to me that the Canadian women, with whom I talked, were not telling all they knew and seemed to be withholding something, but, before I left, they told me the truth. When the Canadian forces were starting forth for France, the country advertised for women to take short courses in nursing in order that they might go along with the soldiers and take care of them when necessary. They volunteered from all over Canada. I think they had a 3 months' course. The first casualties that returned from Europe were a shipload of nurses, all pregnant. I have never forgotten that fact.

Sincerely yours,

CARRIE CHAPMAN CATT.

SCRIPPS-HOWARD NEWSPAPER ALLIANCE,
August 27, 1942.

Dr. KATHRYN M. WHITTEN,
Fort Wayne, Ind.

DEAR DR. WHITTEN: Your letter of August 24 interests me very much. My sister-in-law is a surgeon in New York and has been very active in trying to break down Army barriers against women doctors. Naturally, I have been very much in sympathy with it through hearing her discuss it. I gather at the moment they are up against a stone wall. It may be that with the creation of women's auxiliary services it may be possible to get the decision reversed in time. You can put me down as being definitely in favor of the proposition, on the ground that there is a severe shortage of physicians, and anyone who meets the professional requirements should be used regardless of sex.

With best wishes,

Sincerely yours,

RAYMOND CLAPPER.

SEPTEMBER 19, 1942.

DEAR DR. WHITTEN: Thank you for your very interesting letter. It seems to me, however, that as a great number of our men doctors have been drafted for the Army and Navy, the country needs every woman doctor to attend to the needs of the civilians that remain at home.

Very sincerely yours,

WALTER DAMROSCH.

NEW YORK, September 8, 1942.

Dr. KATHRYN M. WHITTEN,
Fort Wayne, Ind.

DEAR DR. WHITTEN: I was very interested to learn from your letter of August 24 of your effort to break down the barriers against women physicians in the armed forces. I do not think any distinction should be made and feel the armed forces should avail itself of the services of women in whatever work they are best adapted to fill. In view of the urgent need for physicians, I feel it would be a good thing to call on the great reserve of women doctors throughout the country.

Sincerely yours,

GEORGE FIELDING ELIOT.

EASTON, CONN., September 3, 1942.

Dr. KATHRYN M. WHITTEN,
Fort Wayne, Ind.

DEAR DR. WHITTEN: Not only am I in favor of the use of women physicians in the armed forces but I think their services are vitally necessary. Certainly if women nurses are necessary to the war effort, I should think that women doctors would be even more important. It is almost incredible that there actually exists a feeling against this particular war effort.

Sincerely,

EDNA FERBER.

BARNARD COLLEGE,
COLUMBIA UNIVERSITY,
New York, September 3, 1942.

Dr. KATHRYN M. WHITTEN,
Fort Wayne, Ind.

DEAR DR. WHITTEN: In answer to your letter of August 24, I am writing to say that I believe women physicians should be accepted for the armed services of our country. Perhaps they might not be used for all the types of service for which men doctors are used, but I do not know definitely.

I recall hearing at the end of the last war of the heroic service rendered by the British women doctors in Serbia. A distinguished American man doctor testified to this.

Believe me,

Sincerely yours,

VIRGINIA C. GILDERSLEEVE.

BROOKLYN, N. Y., September 12, 1942.

DEAR DR. WHITTEN: In reply to your letter asking my opinion as to whether women doctors should be accepted for the armed services of our country, I am glad to reply that I am in favor of the proposition. I have noticed that in the WAVES, and the WAAC's, and the WAFS that ever present A, standing for auxiliary, and I am sure many women detest and distrust, this hoary old word which has so long circumscribed their activities. I wish you success in your attempt to convince the Secretary of War that women doctors should be accepted for the armed forces of the United States.

Sincerely yours,

ALICE CAMPBELL GOOD.
(Mrs. William H. Good.)

NEW YORK POST,
New York, September 15, 1942.

Dr. KATHRYN M. WHITTEN,
Fort Wayne, Ind.

DEAR DR. WHITTEN: Of course I agree with you entirely that women doctors should be permitted to enter the armed forces. I see no virtue in preserving past patterns where those patterns do not contribute to the war effort.

Sincerely,

SAMUEL GRAFTON.

THE UNIVERSITY OF NORTH CAROLINA,
Chapel Hill, September 4, 1942.

Dr. KATHRYN M. WHITTEN,
Fort Wayne, Ind.

DEAR DR. WHITTEN: I wish to thank you for your letter which I have read with a great deal of interest. Personally, I can see no objection to women physicians serving in the armed forces. I would be very much interested in seeing the results of your poll.

With best wishes, I am

Sincerely yours,

FRANK P. GRAHAM, *President.*

ADELAIDE HAWLEY,
WOMAN'S PAGE OF THE AIR,
New York, September 1, 1942.

Dr. KATHRYN M. WHITTEN,
Fort Wayne, Ind.

DEAR DR. WHITTEN: It seems to me a needless contradiction that qualified women doctors are denied the right to serve with the armed forces of the United States when there is admittedly a shortage of men physicians. If experienced women doctors are willing and ready to serve, why not let them? Surely they are better prepared to deal with the lives of our soldiers and sailors than green interns, many of whom are being thrown into the breach.

And as for the women being able to take it—we have only to look at the record of women doctors in England and Russia and our own nurses in the Philippines.

I am sorry I delayed so long in getting this statement to you, and I sincerely hope it is not too late to do your cause some good.

Sincerely yours,

ADELAIDE HAWLEY.

NATIONAL LABOR RELATIONS BOARD,
New York, N. Y., August 28, 1942.

Dr. KATHRYN M. WHITTEN,
Fort Wayne, Ind.

DEAR DR. WHITTEN: I have your letter of August 24 and believe as you do. I really do not see why women doctors cannot be of equal value to the Army as women nurses are. I think women doctors should be accepted by the armed services.

Very truly yours,

ELINORE M. HERRICK, *Regional Director.*

FORT WAYNE, IND., August 24, 1942.

Miss FANNIE HURST,
New York, N. Y.

DEAR MISS HURST: There have been a number of attempts made to have women doctors accepted for the armed services of our country. There are 10,000 practicing women physicians in the United States. Many of them are eager to be of service wherever they are needed. The Secretary of War, however, has decreed that no women doctors would be permitted to enter the Army.

As a practicing surgeon for over a quarter of a century I have joined in the effort to break down the barriers against women physicians in the armed forces. Through my own personal experience I know that women can stand the strain and pressure of the most harrowing experiences. This has already been proved

by the heroism of the women nurses of Bataan and other far-flung battlefields. Our allies, on the other hand—Russia and Great Britain—have already permitted women doctors to enlist and serve with their armed forces.

I am very anxious—and many of my colleagues are too—to obtain the opinion of outstanding men and women on this question. I have been asked to take a poll and I am therefore taking the liberty of writing you, among others, asking you to be good enough to let me have your opinion on the proposition. I would appreciate your letting me know whether you favor the idea or are opposed to it, indicating briefly your reasons for your decisions.

Sincerely yours,

KATHRYN M. WHITTEN.

I heartily endorse the idea of women physicians in the armed forces. Aside from the dated, indeed obsolete, thinking, opposition to this measure implies, women have proved that as physicians they have the stamina and equipment to serve usefully and brilliantly alongside men.

FAN HURST.

THE NEW SCHOOL FOR SOCIAL RESEARCH,
New York, August 26, 1942.

Dr. KATHRYN M. WHITTEN,
Fort Wayne, Ind.

DEAR DR. WHITTEN: I have your letter of August 24.

I am strongly in favor of opening the armed services to women doctors. Many of them could perform useful services at a time when national need for such services is great. But, further, the removal of discrimination on grounds of sex in the Army would work toward removing the discriminations which persist in fact in civil life.

Sincerely,

ALVIN JOHNSON, *Director.*

THE NATION,
New York, September 11, 1942.

Dr. KATHRYN M. WHITTEN,
Fort Wayne, Ind.

DEAR DR. WHITTEN: Of course, I thoroughly approve the effort to have women doctors accepted in the armed services. The reasons for such a move seem to me only too obvious to repeat; and they have all been stated extremely well by doctors like yourself who have been trying to make the authorities see the necessity for using the ability of the women physicians of this country.

Sincerely yours,

FREDA KIRCHWEY, *Editor.*

THE NEW YORK TIMES,
Washington, D. C., August 25, 1942.

Dr. KATHRYN M. WHITTEN,
Fort Wayne, Ind.

DEAR DR. WHITTEN: I cannot see how service departments in a war which set up WAVES and WAAC's can logically or even sensibly decline to accept women doctors in the Army.

Yours faithfully,

ARTHUR KROCK.

NEW YORK CITY, August 27, 1942.

KATHRYN M. WHITTEN, M. D.
Fort Wayne, Ind.

DEAR DR. WHITTEN: I am certainly for women being accepted everywhere just as men are accepted, and I don't think women doctors should be any exception.

Sincerely yours,

MARY MARGARET McCORD.

THE NEW YORK TIMES,
New York, August 26, 1942.

Dr. KATHRYN M. WHITTEN,
Fort Wayne, Ind.

DEAR DR. WHITTEN: In reply to your inquiry, I see no reason why women physicians should not be accepted in the armed services in this country on the same basis as they are used in the British and Russian Armies. I am sure it will come. Now that women are enlisted in the auxiliary services of the Army and Navy, I am sure women doctors will eventually be enlisted.

Meantime, however, I am anxious about the lack of physicians to take care of civilian needs in many localities, and it seems to me that women physicians should take this opportunity of serving on the equally if not more important home front. Certainly it is of the utmost importance to maintain the health of the population in general under the special strains of the war period. Is not this a field in which women might be most useful?

Sincerely yours,

ANNE O'HARE McCORMICK.

CONSOLIDATED NEWS FEATURES, INC.,
New York, N. Y., September 7, 1942.

MY DEAR DR. WHITTEN: I ask your indulgence for the late date of this letter. My secretary was on a holiday and, with the substitution, there was considerable confusion in my files and I am just beginning to get on with my correspondence.

I most heartily endorse the effort to clear the way for women doctors to enter the Army. My reason for this view is that there is every valid reason for letting them in and none for keeping them out. In both the World Wars, women have abundantly proven their staying power; their courage, and their capacity to work under rigid discipline is unquestionable. In my view, the opposition comes from the brass hats and the bureaucrats who still fail to understand this war. Admitting women to medical practice was one of America's most splendid achievements, accomplished years ago against the same type of obstructionists. It would be foolish, or rather stupid, and unjust not to allow them to use to their utmost their hard-won professional skill. Obviously, it is folly not to recruit every asset of specialized ability to win this war—heaven knows we need them all—but I think it goes deeper than that. I think that any opponent of the acceptance of women in the armed forces is apt to be a man who does not know what we are fighting for. The kind of world we are going to bring through will have no such quibbling and discrimination.

My warmest good wishes for your campaign.

Sincerely yours,

LEMUEL F. PARTON.

STATE OF NEW YORK,
Albany, August 27, 1942.

Dr. KATHRYN M. WHITTEN,
Ft. Wayne, Ind.

MY DEAR DR. WHITTEN: I have your letter of August 24.

While I am not in a position to be acquainted with all of the facts, I would be inclined to the opinion that women doctors could be used to advantage in our armed services. The point made in your letter that women nurses are used effectively, and that Russia and Great Britain permit women doctors to serve, strikes me as a most effective argument.

Yours sincerely,

CHARLES POLETTI.

NEW YORK HERALD TRIBUNE,
August 25, 1942.

Dr. KATHRYN M. WHITTEN,

DEAR DR. WHITTEN: I have been interested in your letter about women doctors in the armed services and perhaps you have not known of the editorial position of the Herald Tribune on the subject. In addition to the opinion in the paper I have crusaded for the idea whenever I have had an opportunity.

With every hope that the reactionary point of view in the Army and Navy will eventually crumble, I am

Sincerely yours,

HELEN ROGERS REID.

THE WHITE HOUSE,
Washington, September 2, 1942.

MY DEAR DR. WHITTEN: I have had this question of using women doctors and surgeons in the services brought to my attention several times. I do believe they should be used and have said so on several occasions.

I hope the situation will be changed.

Very sincerely yours,

ELEANOR ROOSEVELT.

FEDERAL SECURITY AGENCY,
OFFICE OF THE REGIONAL COORDINATOR,
New York, N. Y., August 31, 1942.

Dr. KATHRYN M. WHITTEN,
Fort Wayne, Ind.

MY DEAR DR. WHITTEN: Thank you for your letter of August 24.

It is difficult for me to give you an opinion on the question of whether women physicians should at this time be drawn into the armed services, but generally I am fully in accord with the idea that a physician is a physician, whether man or woman, and that there should be no discrimination in the utilization of their services.

At this time, however, with so many men physicians being drawn into the service and with such an acute need for medical attention among the civilian population, I should imagine that women physicians might feel just as useful in serving on the home front. To me it is simply a question of where a person can be of the greatest service.

Sincerely,

ANNA M. ROSENBERG,
Regional Director of Defense, Health, and Welfare Services.

HELENA RUBINSTEIN,
New York, September 9, 1942.

Dr. KATHRYN M. WHITTEN,
Fort Wayne, Ind.

MY DEAR DR. WHITTEN: Please forgive me for not having replied to your interesting letter, occasioned by the fact that I have been away from New York the past few weeks.

You ask whether I am in favor of having women doctors accepted for the armed services of our country. I not only favor it but think it is very necessary if the best resources of our country are to be used for winning the war.

As far as women being able to stand the strain and pressure of war is concerned, there is every reason to believe that there are a great many women who can stand up under danger and hardship, just as there are many men who could not. During my long business career, I have employed thousands of women, in every capacity, and it has been my experience that if a woman has stamina at all, she is apt to have more than men. There are hysterical women, as there are men, but given a serious-minded woman who is physically and emotionally fit and who enters the service voluntarily knowing full well what is facing her, I am sure she can stand up under the rigors as well as any man.

I have followed the controversy on the subject of permitting women doctors to enter the armed services with great interest, and I sincerely hope your efforts to break down the barriers will win deserving success. If there is anything else I can do to lend a helping hand or voice in your efforts, please do not hesitate to call on me.

Sincerely yours,

HELENA RUBINSTEIN.

THE GREATER NEW YORK FEDERATION OF CHURCHES,
New York City, August 28, 1942.

Dr. KATHRYN M. WHITTEN,
Fort Wayne, Ind.

MY DEAR DR. WHITTEN: Replying to your letter of August 24, I see absolutely no reason except tradition for the position taken by the Secretary of War with regard to women doctors. Women nurses are indispensable and if women are

used as nurses I see no reason why they should not be used as doctors, particularly at this time when demand for doctors is so great and when women are being enrolled in a regularly enlisted branch of the Army.

Sincerely yours,

ROBERT W. SEARLE,
General Secretary.

HUNTER COLLEGE OF THE CITY OF NEW YORK,
New York, August 26, 1942.

DR. KATHRYN M. WHITTEN,
Fort Wayne, Ind.

DEAR DR. WHITTEN: I have received your letter of August 24 and find it difficult to reply with any effectiveness. As one who served at the front during the last war I am, perhaps for sentimental reasons, opposed to the presence of women with combat troops. Fighting seems to me the immemorial business of men, and I hope this country at least will succeed in sparing women that ordeal.

On the other hand, arguments against using women doctors in base hospitals and similar establishments seem to me very much open to question. It is hard to discern how we can know whether women would be able to stand that strain until we have tried them out. The difference between a physician and a nurse is certainly not very great insofar as endurance and similar virtues are concerned. If women can stand beside the physician who operates or the doctor who visits the ward, it is a little difficult for me to see why they should not be able to give professional medical attention. On the other hand, I can see that there may be some point in their not wishing to take for military service any officer who cannot be shifted to the front or back again as circumstances suggest.

I am afraid all this is not very helpful, but it is the best I can do.

Sincerely yours,

GEORGE N. SHUSTER, *President.*

HOTEL ROOSEVELT,
Washington, D. C., September 1, 1942.

DR. KATHRYN M. WHITTEN,
Fort Wayne, Ind.

DEAR DR. WHITTEN: I do not know what all the difficulties may be which induced the Secretary of War to refuse admission to women doctors into the Army service. I can imagine some of them and can believe that they are based on prejudice rather than on rational judgment. There should, of course, be equality of status between men and women in all Government services, and, where training and ability are equal, no discrimination should be made.

I cannot refrain from remarking, however, that the women doctors are going to get their reward in this war whether they get their status in the Army or not, for if the Army takes the best men doctors from important private posts, these are sure to be filled by the best women doctors.

That has no bearing on the matter of principle, but it makes me less frantic about the future of women doctors in this country.

Yours sincerely,

RAYMOND GRAM SWING.

THE EMPORIA GAZETTE

EMPORIA, KANS.

ESTES PARK, COLO., *August 30, 1942.*

KATHRYN M. WHITTEN, M. D.,
Fort Wayne, Ind.

DEAR DR. WHITTEN: You ask what I think about women in the Army. I have been a loyal defender of women in the medical profession. If I had my say-so I would not send them to the Army.

Sincerely yours,

W. A. WHITE.

STATE OF CONNECTICUT,
 SECRETARY'S OFFICE,
Hartford, August 28, 1942.

Dr. KATHRYN M. WHITTEN,
Fort Wayne, Ind.

DEAR DR. WHITTEN: I was very interested in your letter, as I have talked with a number of women physicians on the point which you bring up.

Without question, there is no doubt that the women could stand the work in the armed forces. My own feeling on the subject of pressing for the commissioning of women surgeons in the armed services at this time is based on the fact that those services are under very great pressure, are being obliged to make many difficult adjustments, and from the war point of view it is perhaps not expedient to put them under pressure to make another major adjustment.

As you will clearly understand, this is not saying that women should not be commissioned, it is merely accepting the difficulties of the current situation. Further, if women physicians are desirous of furthering the status of women in medicine, my own belief is that they can do more toward this goal by applying themselves vigorously to meeting the needs of the situation at home. Women physicians at the present time have a greater opportunity than ever before to become chief of staff in a hospital, to obtain important positions in medical schools, and in general to take a leading part in the work of the medical profession in their own communities. This matter of community health is definitely a vital part of the war procedure and can, I am sure, be called an essential war activity.

Ever since I was in college I have devoted by far the greater part of my energies to advancing the professional opportunities of women so that my stand on this question is not one of opposition to women physicians entering the Army; rather, it is based on a desire not in any way to interfere with the war effort.

Sincerely,

CHASE GOING WOODHOUSE.

AUGUST 27, 1942.

Dr. KATHRYN WHITTEN,
Fort Wayne, Ind.

DEAR DR. WHITTEN: Your letter of the 24th reached me this morning.

I am absolutely in favor of allowing women doctors to enlist and serve with our armed forces. The refusal to permit this seems to me a serious mistake.

Believe me, with appreciation of the opportunity to answer that question.

Very sincerely yours.

MARY E. WOOLLEY.

Mr. CELLER. Dr. Sophia J. Kleegman, of the Women's Medical Association of New York.

Dr. KLEEGMAN. I represent, and am president of, the Women's Medical Association of New York. I wish to file a prepared statement in the record.

(Here follows statement:)

STATEMENT OF DR. SOPHIA J. KLEEGMAN

I come here as president of the Women's Medical Association of New York City. Our membership unanimously supports bill H. R. 824, introduced by Congressman Celler. As for my professional background, as assistant clinical professor of obstetrics and gynecology at New York University College of Medicine, assistant attending gynecologist of Bellevue Hospital, and a certified specialist practicing obstetrics and gynecology, I would like to present certain facts that pertain to this specialty.

The Honorable Mr. Harness put this hypothetical question yesterday: "If a man physician and woman physician were equal in respect to training, competence, and health, which one should be chosen for war service, the man or the woman?" His answer obviously was, "The man, of course."

I shall present, not a hypothetical question but an actual situation. In one community there are practicing a man physician and a woman physician, both specialists in obstetrics and gynecology, both equal as to training, experience, and professional competence. The man is married, has a wife and three children.

The woman is unmarried and free of family obligations. The man was called, commissioned as a major, and is in a station hospital doing obstetrics and gynecology there, probably for the duration. Wouldn't it have been wiser to have chosen the woman for this post? This situation can be duplicated innumerable times.

Most of my male colleagues within my specialty, when called for war service, find themselves assigned to do obstetrics and gynecology for the Army's wives in station hospitals throughout the country, some others are assigned to take care of the WAVES and WAAC's. There are a considerable number of women physicians well trained in this specialty who could and should replace these men and relieve them for combat duty.

There are many more well-trained women physicians, unmarried or free of family ties, anesthetists, psychiatrists, plastic surgeons, internists, and other groups especially necessary for war work, who should be chosen for war service in preference to men physicians who have wives and children, and who would prefer to stay and take care of the home front. For the physician, war service besides being an opportunity to serve one's country, is also an opportunity for further intensive medical training. The qualified group of women physicians in the above specialties should not be excluded from the opportunity to acquire invaluable experience which will make them more competent in their life's work.

Whether a physician is delegated to do war work or civilian work should be determined by that physician's fitness for the particular job, and not by the sex. Should a woman physician be chosen to work for the armed services, isn't she entitled to the same privileges that a man physician would receive for that same work?

My sister, Dr. Anna Kleegman Daniels, was a contract surgeon during World War I. She worked side by side with her men colleagues having had equal training, and doing exactly the same work, but being inferior to them in rank, pay, and denied many privileges, with no possibility of promotion. At that time Surgeon General Gorgas said, "Women physicians should be commissioned in the Army, but we are now in the midst of a war and cannot take time out to pass the necessary legislation. However, I promise you that in the next war women physicians will be commissioned on a basis equal to the men." The next war is now here, and the women physicians of this country offer their services. In this emergency we ask that all resources be used to the best possible advantage, wherever they may be, and whoever may have them to offer.

Mr. CELLER. Dr. Ruth Ewing..

Dr. EWING. I am surgeon on the staff of the New York Infirmary, of which Mrs. Vanderlip has spoken to you. I represent the New York Infirmary and am here urging passage of both bills.

Mr. CELLER. Mrs. Harvey Wiley, of the General Federation of Women's Clubs.

Mrs. WILEY. I represent the General Federation of Women's Clubs, 16,000 clubs throughout the United States and 28 foreign countries, having 2,500,000 members. We, of course, stand for this bill.

Mr. CELLER. Dr. Frances Marshall, of the Zonta International.

Mrs. Babcock of the National Woman's Party.

Mrs. BABCOCK. I represent the National Woman's Party, which is interested in establishing the equal status by constitutional amendment of men and women throughout the United States and in any measure such as this which contributes to that cause.

Mr. CELLER. Miss Elizabeth A. Smart, of the National Woman's Christian Temperance Union.

Miss SMART. The National Woman's Christian Temperance Union has, from its organization in 1874, been concerned with the enlargement of women's sphere of action in all avenues of service to humanity and the social order. The entrance of women into the field of medicine has demonstrated the contribution that could so be made.

In this present emergency physicians are needed in far larger numbers than are now available to the Medical Reserve Corps of the

United States Army. This organization respectfully asks that this proper wartime rating for women physicians be given.

Mr. CELLER. Miss Charl Ormond Williams, of the National Federation of Business and Professional Women's Clubs.

Miss WILLIAMS. Mr. Chairman and members of the committee, I wish to place in the record the statement of Dr. Minnie L. Maffett, a distinguished woman surgeon of this Nation who has affiliations with all the great medical societies and associations and is now and has been for 4 years the president of the National Federation of Business and Professional Women's Clubs, a fairly young but very vigorous and active organization of 76,000 women in 450 occupations who live and work and carry on their activities in 48 States.

Dr. Maffett regrets that the pressure of her work makes it impossible for her to present her statement in person. I believe that the members of the committee will be interested in knowing that Dr. Maffett is one of the outstanding women surgeons in the United States with a large private practice. She was graduated in medicine from the University of Texas, served her internship at the New York Infirmary for Women and Children, and took special neurological work at Johns Hopkins University. She is a member of the surgical staffs of three Dallas hospitals, is physician for women at Southern Methodist University, and is associate professor of gynecology at Baylor Medical College. She is a Fellow of the America College of Obstetricians; secretary-treasurer of the Texas Association of Obstetricians and Gynecologists; a Fellow of the Central Association of Obstetricians and Gynecologists, and is active in various units of the American Medical Association.

For 20 years Dr. Maffett has been a leader in the Federation; she has been president of the Texas Federation of Business and Professional Women's Clubs, and from 1937 to 1939 was second vice president of the National Federation. Dr. Maffett has brought to her leadership of the Federation high professional ethics and a scientific approach.

I, too, have been interested in this organization of business and professional women for 20 years. For 2 years I served as chairman of education, the next 2 years as first vice president of the Federation, and from 1935 to 1937 I had the honor to be the president of this important organization of women.

It is for that reason that Dr. Maffett has asked me to represent her at this hearing, and I am very glad to read for her the statement prepared by her in support of a measure which is very near and dear to her heart.

This whole question was fully discussed at the board of directors' meeting of the National Federation of Business and Professional Women's Clubs at our meeting in Denver in July 1942, and it represents the views of the membership who live and work and carry on their organization activities in the 48 States.

Here is her statement.

(The statement of Dr. Maffett is as follows:)

STATEMENT BY MINNIE L. MAFFETT, M. D., PRESIDENT OF THE NATIONAL FEDERATION OF BUSINESS AND PROFESSIONAL WOMEN'S CLUBS, INC.

The National Federation of Business and Professional Women's Clubs, Inc., which I represent is made up of 76,000 women in 450 different occupations and professions. We are interested in legislation giving women doctors the right to serve with the Medical Corps of the Army and Navy with the same rank and status as men for two principal reasons. In the first place, we advocate equality of

opportunity for all women everywhere. In addition, in this wartime period, we believe that artificial barriers raised against women in any profession or service lead to an inefficient use of our manpower. We are convinced that we can only win a total war by using all our trained brains and skilled hands, no matter whether they are feminine or masculine.

Whenever we exclude women from any business or profession we set off a chain of unexpected and unforeseen results. For example, already the exclusion of women doctors from the Army and Navy Medical Corps has threatened the training of future women physicians. In one State medical school (Arkansas) the dean ruled that no more women medical students would be accepted. When his action was protested by our State federation and others, he explained that his reason was "purely patriotic." As the Army and Navy need doctors desperately, he felt that the medical school should concentrate on producing future Army and Navy physicians. As the Army and Navy did not accept women, it followed logically, that time and effort should not be "wasted" in their training.

Similarly, there is a plan now under way, we understand, for the Army and Navy to take over all medical schools, putting the boys into uniform, but allowing them to finish their courses, and then commissioning them upon graduation. In making these plans no one has thought of the women medical students, who now constitute about 10 percent of the entire student body. What is to happen to the women students, if they are not eligible for military service? Are students half through their courses to be discouraged from finishing? Are girls to be barred again from the portals of medical schools as they were 50 years ago? If so, the country will be tragically the loser.

Fifty years ago we did not know that some of our greatest doctors and surgeons could be women. Now we do. We now know what some eight or ten thousand women doctors can do. We know some of them are surgeons and specialists in work particularly needed at the battle front. Some of the best plastic surgeons in the country happen to be women.

Recently, I made a survey of women physicians practicing in Dallas, Tex. It is usually argued that almost all women physicians have specialized in obstetrics, and, therefore, they are not useful in the military forces. The facts disprove this theory—which would seem to be based more on supposition than on scientific analysis. For out of the 26 women physicians in Dallas, only 4 handle obstetrical cases. Of the 22 remaining, 6 are general practitioners. The others were specialists in the following fields: Endocrinology, 2; pathology, 1; dermatology, 1; otolaryngology, 3; pediatrics, 2; radiology, 2; orthopedics, 2; gynecology, 2; abdominal surgery, 2; ophthalmology, 1.

A study made by our organization in 1934 entitled "Women and Their Careers," revealed that women who entered the medical profession are among the most capable and successful of all women. It was found that median earnings of women in medicine were \$6,000 a year, and a not inconsiderable percentage went up to the \$30,000 annual income level. This coldly economic criterion is only one measure of their ability.

I need not labor the point, however, of the capabilities of women doctors. After an uphill fight for recognition, women doctors have now proved their worth. It seems almost shocking that they are granted greater recognition in other countries than in our own, where equality of opportunity is one of our cherished ideals.

But the granting of military status to women doctors is not only a theoretical right, it is also a practical necessity. The shortage of doctors in our wartime economy is a matter of general knowledge. In allocating medical power we must consider our total supply in relation to our total need, just as in allocating our industrial manpower we must add up all available brains and hands without regard to sex, age, or color or creed.

It is quite possible that there are many women doctors, out of the 8,000 now practicing, who might be classified as 1A, insofar as their dependency status, age, and general health are concerned. Why should these women not be taken before men classed in 3A, who may be older physicians, married, and with young children to support? The more arbitrary barriers we put up, the less efficient will be our use of our human power, which is our major national asset.

As far as specific legislative proposals are concerned, we are in favor of any bill which will grant full military status to women doctors. They should not be confined to service with the WAAC's, as surgeons and bone specialists may be more needed by men on the fighting lines, than by the men or women who serve behind desks. Women should be granted the same rank as men of equivalent age and experience. They should be permitted to serve wherever they are needed.

Of the bills now before this committee, we believe the Celler bill is the best, as it clarifies the wording of existing law. There never should have been any question that "persons" referred to in the joint resolution of September 22, 1941, now Public Law 252, covered women as well as men. However, since old time modes of thinking have led to such an interpretation, the only remedy is to clarify the legislation. The Sparkman bill is an acceptable compromise. We are willing to leave the exact wording of the bill to the honorable gentlemen on this committee.

All we ask is that women doctors be permitted to serve with the Medical Corps of the Army and Navy, wherever there is need. We doubt that a wounded soldier will question whether his attending physician is a man or a woman.

Miss WILLIAMS. I should now like to make a statement for the record in behalf of the National Education Association, which favors this bill.

The National Education Association is made up of about 800,000 women teachers and 200,000 men teachers. As far back as 1863 our organization had gone on record for equality of opportunity. It was not so explicit in that first resolution; but in 1904 the association declared that—

granted equal character and efficiency, and equally successful experience, women are equally entitled with men to the honors and emoluments of the profession of teaching.

That statement was again strengthened in 1924 and again in 1936 in the statement of our delegate assembly. We could see how far democracy had advanced when we wrote into our resolution that—

Teachers, regardless of position or title, are workers in a common cause. Efforts to capitalize the talents of all teachers through curriculum committees and other shared responsibilities should be encouraged and extended. Teachers of equivalent training and experience doing the same kind of work should receive equal pay regardless of sex. Teachers should not be discriminated against because of race, color, belief, residence, or economic or marital status.

Since teachers are interested not only in themselves but in opportunities in the years to come for the boys and girls they teach, it can readily be understood why they give their support to the cause for which the women doctors are now pleading.

It is ironic that in the greatest war of all history, which is being fought in defense of democracy with all that that means, men and women highly trained side by side in the same institutions and for the same work, should not have absolutely equal opportunities for service with the same recognition and the same compensation. I appreciate the desire of the members of the committee to protect the women doctors from the hazards of war on the fighting fronts. No group of women in the world perhaps understands so fully the danger to which they would subject themselves as the women doctors. They have stared death in the face many times as they have fought for the lives of their patients. If the women doctors with high professional standing, with thorough training and experience, wish to go to the battle front to serve their country, they, and they alone, should make the decision as far as the hazards of war are concerned.

Wherever one group of women makes an advancement in their professional life, all women profit thereby in the course of time. Therefore, I believe that the 800,000 women, young and old, who belong to the teaching profession would heartily applaud the efforts of the women doctors in their earnest request for equality of opportunity in these hazardous days.

I know full well how much they would appreciate the support of those fine men doctors who have come here to defend staunchly the rights of their sisters in the medical profession. The National Edu-

cation Association would like to see the Celler bill or some similar measure passed at an early date.

Mr. CELLER. Mrs. Speak, of the American Association of University Women.

Miss KENYON. Mr. Chairman, Mrs. Speak was here yesterday but could not come today. I can speak for her. She represents the National Association of University Women. That organization consists of college graduates, some 73,000 in all the States of the Union. They are unqualifiedly for the Celler bill.

Mr. CELLER. Miss Mary M. Connally, of the National Association of Women Lawyers.

Dr. Barringer has a list of other organizations favoring this legislation, which she will read into the record.

Dr. BARRINGER. Those organizations, Mr. Chairman, are the Associated Women of the American Farm Bureau Federation, Altrusa International, Electrical Women's Round Table, Inc., the National Council of Women of the United States, the Regular Veterans Woman's Association, the National Women's Trade Union League, the American Women's Association, the Supreme Chapter P. E. O. Sisterhood, Quota International, American Association of University Women, and the Supreme Forest Woodmen Circle, Zonta Int National Association of College Women, and National Association of Women Lawyers.

All these organizations have gone on record for the Celler bill.

Now, there is one other letter that I wish you would permit me to place in the record. It is from Dr. Margaret D. Craighill, dean of the Woman's Medical College of Pennsylvania, at Philadelphia. Dr. Craighill was graduated from the University of Wisconsin with the degrees of B. A. and M. S. in 1920, and thereafter matriculated in medicine and surgery at Johns Hopkins Medical School, receiving the M. D. degree in 1924. She thereafter served on the staff of Johns Hopkins Hospital for a period of 3 years and was on the Yale Medical School faculty for a year. Following this, she entered private practice in surgery and gynecology at Greenwich, Conn., and remained in private practice until 1940, at which time she assumed the duties of dean of the Woman's Medical College of Pennsylvania, at Philadelphia. Dean Craighill is a Fellow of the American College of Surgeons, a Diplomat of the Board of Obstetrics and Gynecology, and a Fellow of the New York Academy of Medicine and of the Philadelphia College of Physicians and Surgeons.

The Woman's Medical College of Pennsylvania is and has been a recognized school of medicine and surgery since 1850. It graduates one-tenth of all the women physicians in the United States.

Mr. MERRITT. I have here a statement from Dr. Craighill that I will place in the record.

(The statement of Dr. Craighill is as follows:)

STATEMENT OF DR. MARGARET D. CRAIGHILL, DEAN OF THE WOMAN'S MEDICAL COLLEGE OF PENNSYLVANIA, PHILADELPHIA, PA.

I wish to thank the committee for the opportunity of offering my statement in support of H. R. 824, the Celler bill.

I want to say to the committee that I am in accord with the Celler bill and I hope that the committee will report the bill out favorably and that it does become a law for these reasons:

1. Women physicians receive exactly the same education as men and must pass the same examinations for licensure.

2. All medical schools, except six, in this country admit women as students.
3. The Woman's Medical College of Pennsylvania, now 92 years old, is the only one admitting women only.
4. Women physicians are on the staffs of practically all civilian hospitals where they have charge of both men and women patients.
5. Women physicians gave excellent service in the last war as contract doctors, but did not receive the same remuneration or insurance and sickness protection as did the commissioned officers.
6. With nurses now commissioned, women physicians would be in an untenable position without rank if serving with military organizations.
7. The women's military auxiliary services have been unable to attract sufficient women doctors because of the present discrimination in rank.
8. Women physicians are carrying greatly increased loads in civilian practice and would have an added enthusiasm if they felt they were doing this from choice rather than because they were debarred from military service.
9. More and better women would, I believe, take up the study of medicine if this discrimination were removed. This would help relieve the increasing doctor shortage.

I think that the Government war program in both its military and civilian aspects would greatly benefit from the recognition of the services of this group of highly trained women by giving them equal rank and opportunity with their men colleagues.

Dr. BARRINGER. This is a petition from all the students and faculty of the college, which should be incorporated in the record. They have all gone on record for the Celler bill.

(The petitions are as follows:)

WOMAN'S MEDICAL COLLEGE OF PENNSYLVANIA,
Philadelphia, March 8, 1943.

MILITARY AFFAIRS COMMITTEE,
House of Representatives,
Washington, D. C.

To the Committee:

At a regular meeting of the Board of Corporators of the Woman's Medical College of Pennsylvania, held on March 3, 1943, the following resolution was unanimously adopted:

"Resolved, That the Board of Corporators of the Woman's Medical College of Pennsylvania request the Congress of the United States to consider favorably bills now being introduced to commission physicians in the Medical Reserve Corps without discrimination as to sex."

Certified as the act and need of the Woman's Medical College of Pennsylvania.

[SEAL]

WALTER H. ROBINSON,
Secretary of the Woman's Medical College of Pennsylvania.

WOMEN'S MEDICAL COLLEGE OF PENNSYLVANIA

PHILADELPHIA

The undersigned members of the faculty and students of the Woman's Medical College of Pennsylvania join in requesting the Congress of the United States to consider favorably bills now being introduced to commission physicians in the Medical Reserve Corps without discrimination as to sex.

Esther Snyderman
Selma Kramer
Louise F. Reda
Jeanne Kathryn Beach
Irene E. Maker
Eleanor H. Soltan
Genevieve McEldowney
Marion Wikingstone
Anita -----
Taskiko Toyota
Florence C. Slater
Lenore Bayda
Masie E. Russell

Evelyn S. Cornish
Lois E. Lemen
Eleana Tritsletti
Naomi Farkgang
Annetta Brown
Margaret J. Boyer
Miriam J. Cottrell
Dorothy -----
Providencia Castro
Elizabeth Cannfield
Shirley Grossman
Grace Nachod
Eva Fernandez

WOMEN'S MEDICAL COLLEGE OF PENNSYLVANIA—Continued

PHILADELPHIA—continued

Helen Koshner	A. M. Shearman
Catherine H. Brewer	Nyla R. Elves
Laura B. Harris	Catherine Buzzard
Bernice Altire	Grace H. Hedcock
Dolores B. Amar	Emma G. Hatayama
Borinqueen Musserden	Margaret Polk Peters
Catherine A. Kane	Gladys L. Taylor
Anna M. Patton	L. J. Ellefson
Lillian M. Rosenberg	Leah Moses
Martha V. Doran	Rlinor H. Suitor
Leah Beck	Margaret Iszard
Estelle Siker	Beatrice S. Sloan
Juliet Eshner	Mary Ann Bagan
Edna W. Toovey	Joy R. Joffe
Sister Barbara Taggart	Geneva A. Stone
Norma E. Jones	Sophy Hess
Irene J.	E. G. Carson
Susan C. Wight	Viola Raybin
E. Jeanne Andrews	June F. Klinghoffer
Olive I. Mae	Florence Takacy
Minerva S. Buerk	Dorothy J. Lyons
Virginia Lauzun	Evelyn R. Berkowitz
Lorna Forbes	Anne M. Booth
Jeanneete Ettinger	Lydia Suco
Caryl Birru	Rita Rosini
Hilda G. Ruch	Esther M. Greisheimer
Katherine J. Crawford	Winifred Bayard Stewart
Ruth G. Goyne	Emily Lois Van Loon
Marlene Schwab	Marjore Carter Zury
Marie B. Webster	Stewart Rodman
Eda Malisoff	Hartwig Kuthlenbeck
Lois Deming	Naffch Cattes
Velma Spaulding	B. K. Harned
Eleanor R. Gangloff	Faith S. Fetterman
Anne H. Pike	Nellie Perry Watts
Marguerite M. Devine	Mollie A. Geiss
Ellma Frantz	Roberts Hopkesling
Carmela Foderars	E. Frances Stilwell
Amy Louise Kinkler	Zina Cartelmary
Nancy Jane Lefevre	Dorothy Buck
Celeste M. Castro	Marion Fay
Maria Gabriela Stein	Ruth E. Miller
Jacqueline E. Chevalley	Ruth N. Miller
Helen Wassermann	Catherine Macfarlane, M. D.
May Weinstein	Ann Gray Taylor
Doris Nashold	Helen Ingleb
Katheryn L. O'Connor	William G. Leaman
Ruth Richert	Phyllis A. Bott
Barbara V. C. Keil	Elizabeth S. Waugh
Alice M. Anderson	Marjory K. Hardy
Fran M. Roberts	Dorothy L. Ashton
Mildred R. Mitchell	C. A. Heiken, M. D.
Sister Francis Webster	Frank Ederluff, M. D.
Kathleen Lyon	Emily P. Bacon
Sister Benedict Young	Claire R. Miller, M. D.
Louise Zibald.	William A. Shannon, M. D.
Dorothy Du Vall	Wm. T. Lemmon
Helen L. Howard	Mary K. Bozemoore, M. D.
Katharine P. Horsburgh	Helen L. Williams Hodgen, M. D.
Sophie A. Brenner	Samuel Better, M. D.
Mary N. Gulbransen	Rachelle L. Kurman, M. D.
Olga Arana-Pope	Albert A. Martucci
Rose Herman	M. I. Magee

WOMEN'S MEDICAL COLLEGE OF PENNSYLVANIA—Continued

PHILADELPHIA—continued

Dr. F. Marian Williams
 Helen M. Angelenci, M. D.
 Margaret D. Heise
 Elsie Curtis
 Edward G. Torrance, M. D.
 Constance G. Volk
 S. Dana Weeder
 May M. Spears
 Ben T. Bell
 Burton Chance, Jr.
 Allen C. Service, M. D.
 Helen K. Grace, M. D.
 Harold D. Palmer, M. D.
 Lee Winston, M. D.
 Frieda Baumann
 Jean Crump
 Victor A. Digilio, M. D.

Mary H. Easley
 Sarah J. Morris
 Pauline Coonel, M. D.
 C. Bernardin Quinn
 S. Lomon Little, M. D.
 Mildred C. J. Pfeiffer
 Lillian S. Alpers, M. D.
 Jacob H. Vastine, 3d, M. D.
 Alma D. Morani
 Alma E. Gaydos, M. D.
 Jean Gouing
 Lillian E. Fredericks
 Grace E. Wertenberger, Ph. D.
 Charles P. Bailey
 Ruth Edna Duffy, M. D.
 Frank S. Charles, M. D., C. H.
 Frances Dee Pasch, M. D.

GROUP PHYSICIANS AND NURSES

NEWARK, N. J.

We, the undersigned, petition your support of bill, H. R. 824, introduced by Representative Emanuel Celler, now in the House Military Affairs Committee and expected to be brought before the House next month. This bill would amend the present law authorizing the President to appoint "qualified persons" to serve as officers of the Army and Navy during the emergency to permit him to appoint "qualified men and women" to serve as officers. The United States Attorney General has ruled that under the present bill, the "persons" referred to men only. The women doctors feel that they should be taken into the Army on the same basis as men.

D. Gary, R. N.
 K. Hutchison, R. N.
 Adam G. Hamboch
 Thomas G. McAveney, M. D.
 Frances C. Salmon, R. N.
 Miriam G. Cull
 J. E. Schwartz
 Peggie A. Gibney
 Helen T. Walsh, R. N.
 Edith Chilton
 Lauretta R. Longley, R. N.
 Edith L. Clancy, R. N.
 Carole K. Byrne
 Marjorie D. Schmidt, R. N.
 R. J. Malik, R. N.
 Catherine Shey, M. D.
 Viola Bemhensck
 M. E. Lowell, M. D.
 F. J. Neilan
 H. W. Brown, M. D.
 H. M. Oliver
 H. C. Hajewski
 G. U. Crawford, M. D.
 G. I. M'Kinnin
 V. M. Clare, R. N.
 E. M. Beemer, R. N.

E. Gilleik
 M. Wallace, R. N.
 M. Creyor, R. N.
 F. E. Lavaggi, M. D.
 C. G. Crown, M. D.
 Marion Ruskin
 Anna H. Groat, R. N.
 Margaret Sutton
 Ann Spofford
 Lillian T. Cooley, R. N.
 Louise M. Spatz, R. N.
 E. Pennington, M. D.
 Eileen Barry, M. D.
 Winifred H. Cashin, R. N.
 Rita S. Finkler, M. D.
 Selma Weiss, M. D.
 Rose D. Boas, M. D.
 Virginia Wunthele, M. D.
 Carye Belle Heull, M. D.
 Beth Frazier, M. D.
 Lydia B. Hauck, M. D.
 Gertrude Oberlander, M. D.
 Eva T. Brodtkin, M. D.
 Zelda I. Marks, M. D.
 Jenny Curry, Ph. D.
 Elizabeth B. Ward, M. D.

NEW JERSEY STATE TEACHERS COLLEGE,
Montclair, January 26, 1943.

HON. ROBERT W. KEAN,
House of Representatives,
Washington, D. C.

MY DEAR MR. KEAN: We the undersigned request your support of amendment H. R. 824 introduced by Mr. Celler.

This amendment will make it possible for qualified women as well as men to render medical services to our country in the war emergency.

Donald A. Dewitt
Charlotte G. Marshall
Esther B. Spengeman
Margaret G. Cook
Florence W. Holmes
Benjamin Kap
Caro T. Arnold
Anne B. Cridlebaugh
W. H. Snyder
Frisby G. Dorin
Louis F. Cahill
David Wagner
Dorothy Duke
F. A. Wittmer
Margaret A. Sherwin
E. De Anton Partridge
Rufus D. Reed
W. Scott Smith
D. Henryetta Sperle
Elizabeth S. Favor
Mary Dee Greene
Harley P. Milstead

Margaret M. Wurts
C. E. Jackson
Dorothy McKaig
Maude L. Carter
Gay Kitay
Anita Berliner
Rita Dorfman
Candy de Virees
Nathalie Erickson
Harold C. Bohn
Helen Love Ogg
Mary E. McKinney
D. R. Davis
C. C. Clifford
Carl F. Mueller
K. O. Smith
Florence Yadman
Muriel Schiffman
Russell Krauss
Sam Schlym
John J. Rellahan
Frances H. Moller

ANNUAL LUNCHEON, CORNELL ALUMNAE, WALDORF-ASTORIA, JANUARY 30, 1943

We, the undersigned, endorse the amendment of Mr. Celler's H. R. 824, changing the Public Law 252 of Seventy-seventh Congress by substituting for the word "persons" the words "men and women."

Elsie Botsford Maloney
Charlotte B. Craven
Mary R. Fitzpatrick
Amy L. Tooker
Dorothea M. B. Vermores
F. Gertrude Eaton
Eva M. Haigh
Lillian I. Myers
Bertha Tuney Ufford
Carolyn M. Greene
Lewette B. Pollock
Mary M. Crawford
Elizabeth Johnston
Alice Havens
Anna M. Brien
Olga P. Schwarybach
Bernice S. Farlin
Irene Spindler Urban
Violet H. Emery
Georgina Halsey Schoof
Laura Ellsworth Seiler
Lila Smith Howard
Harriet N. Bircholdt
Mildred A. Mosier
Fannie H. Dudley
Sarah Mary Wilson Huntley
Estella C. King

Emilie L. Platt
Mabel C. Loomis
Isabel Shepard Davellin
Mina Shepard Proper
Anna B. Rose
Ruth Darville
Katharine Coellio
Miriam K. Dye
Lillian Hanhanstock
Henrietta S. Shapiro
Marion A. Shaver
Dorothy W. Harswell
Joanna D. Huntington
Katherine McMurry Benson
Jennie M. Otis
Arthur S. Otis
Lucy Howard Van Buren
Dagmar S. Wright
Grace Corleis Harris
Helen S. Woodelton
Edith C. Cooper
Ruth M. Lyon
Viola A. Jacobsen
Eleanor Wachtel
Dorothy L. Hill
Donna S. Graham
Frances M. Jennings

NEW YORK INFIRMARY FOR WOMEN AND CHILDREN,
New York, N. Y.

TO THE CHAIRMAN OF THE MILITARY AFFAIRS COMMITTEE OF THE HOUSE OF
REPRESENTATIVES,
Washington, D. C.

We, the undersigned members of the medical board of the New York Infirmary for Women and Children, do earnestly request your support of the Celler bill (H. R. 824). We understand that the Celler bill is the same as the act of September 22, 1941 (Public Law 252, 77th Cong.), except that the word "persons" will be changed to "men and women".

This bill would permit women physicians to be commissioned in the Medical Reserve Corps of the United States Army. It is our belief that well-trained women physicians should have the privilege of serving their country the same as men physicians and that they should receive equal rank with their men colleagues.

Ruth E. Ewing, M. D.
Ruth W. Bakwin, M. D.
Katherin Brokaw, M. D.
Katharine K. Miller, M. D.
Balbina Bregman, M. D.
Mary Su Edward, M. D.
Fredericka Steinbach, M. D.
Alice D. Weber, M. D.
Frances H. Bogatta, M. D.
Frances Shostac, M. D.
Clementina J. Paolone, M. D.
Elsa Mantil
Jane Northup, M. D.

Florie D. Frothingham, M. D.
Ada Chree Reid, M. D.
Helen J. Neave, M. D.
Carlota Méndez, M. D.
Rose V. Mayor, M. D.
Julia Mehlman, M. D.
Wilhelmina A. Ragland, M. D.
Sophie Spitz, M. D.
Mary A. Jennings, M. D.
Anna Hubert, M. D.
Marion E. Manten, M. D.
Verna M. Hardin, M. D.

HELEN SCHRACK, M. D.

CAMDEN, N. J.

Bill H. R. 824 will soon come before the House of Representatives in Washington. The passage of this bill will make it possible for qualified women to be commissioned in the Army. If you wish to express your approval of this bill, will you sign the attached petition?

Representative ANDREW J. MAY,
Chairman, Military Affairs Committee,
House of Representatives, Washington, D. C.

We, the undersigned, are in favor of, and ask you to support bill H. R. 824:

Helen Morton, Gloucester, N. J.	Ethel Redman, Camden, N. J.
Margaret Savidge, Gloucester, N. J.	Mary McGettigan, Baring, N. J.
Margaret Morton, Gloucester, N. J.	Katherine S. Gibbs, Maple Shade, N. J.
Alexander Morton, Gloucester, N. J.	Dora Durham, Camden, N. J.
Harry W. Savidge, Jr., Gloucester Hts., N. J.	Esther Hambrose, Camden, N. J.
Alice M. Randles, Camden, N. J.	Kathryn F. Daly, Camden, N. J.
Lulu Gilbert, Camden, N. J.	Ida M. Brady, Audubon, N. J.
Mabel Collins, Camden, N. J.	Amelia F. Mitchell, Maple Shade, N. J.
Jeannetta Glassman, Camden, N. J.	Mary Brassill, Gloucester, N. J.
Mena M. Pyle, Camden, N. J.	Lottie M. Hazelton, Camden, N. J.
Rebecca Anderson, Camden, N. J.	Mae Dawson, Camden, N. J.
Effie M. Eisele, Merchantville, N. J.	Edna Singley, Camden, N. J.
Marie McLaughlin, Camden, N. J.	Mariga Makokgiam, Camden, N. J.
Anna Beringer, Oaklyn, N. J.	Catherine Daisey, Gloucester, N. J.
Gertrude Thompson, Camden, N. J.	Bessie M. Harlos, Audubon, N. J.
Mary Streett, Berlin, N. J.	Mary L. Van Zandt, Audubon, N. J.

[H. Rept 824, 78th Cong., 1st sess.]

A BILL To amend the Act of September 22, 1911 (Public Law 252, 77th Cong.) with relation to the temporary appointments of officers in the Army of the United States

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled, That the act of September 22, 1911 (Public Law 252, 77th Cong.), be amended to read as follows:

That during the present emergency, temporary appointments as officers in the Army of the United States may be made, under such regulations as the President may prescribe, from among qualified men and women without appointing such men and women as officers in any particular component of the Army of the United States. All men and women so appointed as officers shall be commissioned in the Army of the United States and may be ordered into the active military service of the United States to serve therein for such periods of time as the President may prescribe. Such appointments in grades below that of brigadier general shall be made by the President alone, and general officers by and with the advice and consent of the Senate: *Provided*, That any appointment made under the provisions of this Act may be vacated at any time by the President, and, if not sooner vacated, shall continue during the present emergency and six months thereafter: *Provided, further*, That any man or woman appointed as an officer in the Army of the United States under the provisions of this Act shall receive the same pay and allowances and be entitled to the same rights, privileges, and benefits as members of the Officers' Reserve Corps of the same grade and length of active service: *And provided further*, That nothing contained in this Act shall be construed to prohibit the appointment of officers in the various components of the Army of the United States in accordance with existing laws.

CAMDEN, N. J., March 9, 1943.

Representative ANDREW J. MAY,
Chairman, Military Affairs Committee,
House of Representatives, Washington, D. C.

DEAR SIR: The signers of the attached petition are in favor of and wish you to support bill H. R. 824.

Very sincerely yours,

HELEN F. SCHRACK, M. D.,

Member of special committee of the American Medical Women's Association,
Inc., to secure commissions for women physicians in the Army and Navy.

Representative ANDREW J. MAY,
Chairman, Military Affairs Committee,
House of Representatives, Washington, D. C.

We, the undersigned, are in favor of, and ask you to support bill H. R. 824:

H. C. Mayhew, Merchantville, N. J.	S. E. Belfi, Pennsauken, N. J.
Barney B. Brown, Camden, N. J.	Wm. Rowan, Camden, N. J.
David Novack, Camden, N. J.	Helen F. Sebrack, M. D., Camden, N. J.
Allen Leebeth, Erlton, N. J.	William W. Logan, Camden, N. J.
Fred B. Hutchinson, Merchantville, N. J.	Grace A. DeInarest, Gloucester City.
Clarence J. Eickel, Camden, N. J.	Louise M. Oberst, Camden, N. J.
Helene Sauerhoff, Camden, N. J.	Dora Green, Camden, N. J.
Sarah Cramer, Camden, N. J.	George T. Stewart, Camden, N. J.
Keith Goldberg, Camden, N. J.	Ira Crushemann, Camden, N. J.
Marie S. Kelly, Camden, N. J.	Vera Gronnis, Bryn Mawr, Pa.
Philip L. Laird, Camden, N. J.	Ursula Murray, Haverford, Pa.
David F. Greenberg, Camden, N. J.	Marie C. McClure, Collingswood, N. J.
Frank W. Cole, Camden, N. J.	Gertrude G. Yates, Merchantville, N. J.
Lucile P. O'Neal, Merck, N. J.	Sarah W. S. Blumenstock, Merchantville, N. J.
Ethel B. Butler, Camden, N. J.	Mildred Aiken, Haddonfield, N. J.
W. C. Davis, Haddon Hts.	Barbara O. Senecas, Collingswood, N. J.
E. M. DiLauro, Philadelphia, Pa.	Florence M. Rabaugh, Camden, N. J.
Florence V. Connor, Camden, N. J.	Ethel S. Martin, Haddon Heights, N. J.
Marce Reboux, Philadelphia, Pa.	Reta S. Horneff, Colwick, N. J.
Dan L. R——, Camden, N. J.	Helen Ackley, Elkins Park, Pa.
A. A. Flournoy, Camden, N. J.	

- Daisy L. Lipsey, Philadelphia, Pa.
 Loretta Marie Diemer, Collingswood, N. J.
 Florence L. Miller, Collingswood, N. J.
 Elizabeth B. Thompson, Camden, N. J.
 Susan C. Larzelere, Merchantville, N. J.
 Mary Brodnyan, Oakley.
 Sarah K. Larzelere, Merchantville, N. J.
 Florence C. Shults, Camden, N. J.
 Victoria A. Mockett, Westmont, N. J.
 Elsie M. Bennett, Camden, N. J.
 Geo. W. Frost, Camden, N. J.
 Nina C. Humes, Camden, N. J.
 William Deeny, Camden, N. J.
 H. S. Watson, Haddon Heights, N. J.
 Frank Weaver
 Royal D. Chambers
 Lucile P. O'Neal, Merchantville, N. J.
 Isabel Auld, Camden, N. J.
 Wilbur A. Prentiss, Camden, N. J.
 Vernon W. O'Hara, Brooklawn, N. J.
 Edna F. O'Hara, Brooklawn, N. J.
 G. Nelson Webb, Camden, N. J.
 Mrs. G. Nelson Webb, Camden, N. J.
 Archie N. Robertson, Camden, N. J.
 Mrs. E. C. Robertson, Camden, N. J.
 Wm. E. F. Saunders, Camden, N. J.
 Mary K. Saunders, Camden, N. J.
 Isaac J. Rhodes, Camden, N. J.
 Raymond A. Pierce, Camden, N. J.
 Mrs. Clara Pierce, Camden, N. J.
 Sarah E. Rhodes, Camden, N. J.
 Charles H. Pierce, Camden, N. J.
 Susie S. Pierce, Camden, N. J.
 Mrs. Cyril Martin, Camden, N. J.
 Cyril J. Martin, Camden, N. J.
 Margaret D. Carson, Woodbury, N. J.
 Dorothy M. Rogers, Woodbury, N. J.
 Carrie B. Rogers, Woodbury, N. J.
 Mary M. Snyder, Woodbury, N. J.
 Emma J. Buraw, Gloucester, N. J.
 Gordon J. MacGebney, Woodbury, N. J.
 Mildred W. Chapman, Woodbury, N. J.
 Ruth B. Basthotin, Woodbury, N. J.
 Mrs. O. A. Wright, Woodstown, N. J.
 Nieda S. Wright, Woodstown, N. J.
 Margaret Clayman, Woodbury, N. J.
 Mrs. Elizabeth Spissell, Woodbury, N. J.
 Dorothy P. Kirkbride, Barnsboro, N. J.
 John H. Hoffner, Woodbury, N. J.
 Virginia H. Hoffner, Woodbury, N. J.
 Beatrice J. Yingling, Westville, N. J.
 John A. Adams, Woodbury, N. J.
 Gertrude Adams, Woodbury, N. J.
 Dorothy K. Gardiner, Woodbury, N. J.
 Marie Bates, Woodbury, N. J.
 Georgene B. La Croix, Brooklawn, N. J.
 Myrtle M. Niedt, Woodbury, N. J.
 Estelle E. Lind, Woodbury, N. J.
 Helen I. Smith, Mount Ephraim, N. J.
 Anna D. Harker, Woodbury, N. J.
 Bennair P. Cushing, Woodbury, N. J.
 Marjorie M. Cushing, Woodbury, N. J.
 Emma C. Cotton, Woodbury, N. J.
 Lillian M. Jones, Gibbstown, N. J.
 Marion B. Wakeman, Woodbury, N. J.
 Catherine C. Keller, Woodbury, N. J.
 Helen H. Goodloe, Woodbury, N. J.
 Hildegard R. Osterburg, Swedesboro, N. J.
 Evelyn E. Blaker, Sewell, N. J.
 Anna Mae Cunningham, Sewell, N. J.
 Mildred H. MacGibeny.
 Marian Metcalfe, Woodbury, N. J.
 Mrs. J. Westog, Woodbury, N. J.
 C. Speakman, Woodbury, N. J.
 Mrs. Norma E. Speakman, Woodbury, N. J.
 George W. Sproul, Clementon, N. J.
 Mrs. Margaret E. Sproul, Clementon, N. J.
 John J. Westog, Woodbury, N. J.
 William L. Burke, Audubon, N. J.
 Edward Tracy, Barrington, N. J.
 William M. Mitchell, Ashland Post Office, N. J.
 Samuel Sterrett, Camden, N. J.
 Howard Schaffer, Camden, N. J.
 Anthony Bechtel, Collingswood, N. J.
 Harry A. Rewalt, Camden, N. J.
 Rev. Harry R. Stockton, Lucaston, N. J.
 Chas. C. McKinley, Haddon Heights, N. J.
 Thomas B. Peake, Clementon, N. J.
 Robert H. Light, Ashland, N. J.
 Hugh P. Lingershut, Camden, N. J.
 B. D. Moran, Collingswood, N. J.
 Samuel W. Porter, Camden, N. J.
 Edward H. Bell, Collingswood, N. J.
 Elwood J. Goodwin, Atco, N. J.
 L. C. Hallern, Merchantville, N. J.
 M. Irene Frost, Camden, N. J.
 R. R. Hayes, Merchantville, N. J.
 Carl L. Packard, Haddon Heights, N. J.
 Harry C. Yates, Jr., Merchantville, N. J.
 Edwin M. Craft, Collingswood, N. J.
 Harry A. Maul, Mount Ephraim, N. J.
 P. R. Cummins, Gibbsboro, N. J.
 B. I. Carson, Oaklyn, N. J.
 J. T. Hays, Merchantville, N. J.
 H. A. Crissey, Haddon Heights, N. J.
 L. A. Forbes, Merchantville, N. J.
 G. J. Scheers, Oaklyn, N. J.
 R. C. Sheppard, Collingswood, N. J.
 Raymond C. Ball, Collingswood, N. J.
 Theodore L. Nitka, Camden, N. J.
 David J. Redfern, Gloucester, N. J.
 Jos. J. Stretz, Camden, N. J.
 Maurice Chrysler, Merchantville, N. J.
 Albert J. Philip, Merchantville, N. J.
 F. J. Blumenstock, Merchantville, N. J.
 John S. Ray, Collingswood, N. J.
 Ann M. Dice, Camden, N. J.
 Gladys V. Kish, Collingswood, N. J.
 E. H. Bohn, Collingswood, N. J.
 Jeanne Reid, Collingswood, N. J.
 George H. Taylor, Audubon, N. J.

- Harry Slater, Haddonfield, N. J.
 A. Ezra Borden, Merchantville, N. J.
 Harold W. Callahan, Collingswood, N. J.
 Margaret James, Camden, N. J.
 Marguerite C. Rudderow, Camden, N. J.
 Mary F. Rudderow, Camden, N. J.
 Madeleine F. Wilsey, Laurel Springs, N. J.
 Ruth D. Kimsey, Camden, N. J.
 Sue Costanzo, Philadelphia, Pa.
 Gladys Morr, Camden, N. J.
 Mildred M. Crowley, Camden, N. J.
 Marian W. Kemery, Camden, N. J.
 Ruth Garrison, Merchantville, N. J.
 Ruth R. Merkle, Haddonfield, N. J.
 Brunhied P. Roe, Collingswood, N. J.
 Alice C. Dorsey, Camden, N. J.
 Ruth M. Brown, Camden, N. J.
 Leona M. Kerstetter, Camden, N. J.
 Ethel E. Curry, Haddonfield, N. J.
 Chrissie G. Dickensheets, Philadelphia, Pa.
 Louise M. Snook, Merchantville, N. J.
 Marion W. Richardson, Merchantville, N. J.
 Alice S. Keeler, Haddonfield, N. J.
 Elsie B. Hart, Merchantville, N. J.
 Minnetta H. Callahan, Collingswood, N. J.
 Stella W. Philip, Merchantville, N. J.
 Mary E. D. Ball, Haddonfield, N. J.
 William M. Altone, Audubon, N. J.
 William Weisbrod, Camden, N. J.
 Evelyn Hinkson, Verga, N. J.
 Betty Welsh, Camden, N. J.
 Marie Matthews, Merchantville, N. J.
 Anna Schwartz, Camden, N. J.
 Grace Walton, Camden, N. J.
 Willard W. Freeston, Camden, N. J.
 Eleanor Curtis, Haddonfield, N. J.
 Mary Bobson, Camden, N. J.
 Raymond Goldberg, Camden, N. J.
 Flora Barrett, Atco, N. J.
 Margaret Goodwin, Merchantville, N. J.
 Edith Down, Franklinville, N. J.
 Marie Cave, Bellmawr, N. J.
 Salvatore Tomachie, Woodbury, N. J.
 A. J. Laboube, Camden, N. J.
 Warren E. Brill, Haddon Heights, N. J.
 Darvin B. Brill, Audubon, N. J.
 Joseph M. Hall, Haddonfield, N. J.
 Gladys H. McCauley, Audubon, N. J.
 Mabelle H. Campbell, Camden, N. J.
 Mrs. Harry Yatum, Laurel Springs, N. J.
 Anna L. Cupero, Magnolia, N. J.
 Russell Smith, Haddon Heights, N. J.
 Dorothe L. Datter, Camden, N. J.
 Celeste H. Mathews, Haddonfield, N. J.
 Marion R. Evne, Camden, N. J.
 Hattie Ballinger, Moorestown, N. J.
 Katherine Noftsker, Camden, N. J.
 Anne Fallon, Camden, N. J.
 Mrs. Sarah M. Nuller, Camden, N. J.
 Mrs. Elva M. Hardy, Camden, N. J.
 Mrs. George Cox, Camden, N. J.
 Philys Plasky, Camden, N. J.
 Rose Polas, Camden, N. J.
 Helen Mae Darly, Camden, N. J.
 Frank Paul Caputi, Camden, N. J.
 Phineas S. Livingston, Collingswood, N. J.
 Arthur Polas, Camden, N. J.
 Myrtle E. Seal, Camden, N. J.
 Dorothy E. Rodgers, Camden, N. J.
 Dorothy B. Caja, Camden, N. J.
 Bertha P. Gray, West Collingswood, N. J.
 Arianna M. Claypool, Collingswood, N. J.
 Marian E. Harris, Camden, N. J.
 William B. Reid, Camden, N. J.
 Grace F. Frantz, Camden, N. J.
 Henrietta P. Mammel, Collingswood, N. J.
 Evelyn T. Stewart, Haddonfield, N. J.
 Florence P. Bastian, Camden, N. J.
 Mabel S. Garrison, Merchantville, N. J.
 Lillie H. Irish, Camden, N. J.
 Erma A. Dobbs, Camden, N. J.
 Helen Collins, Camden, N. J.
 J. Howard Phillips, Camden, N. J.
 Miriam G. Smith, Camden, N. J.
 Rosemary Chew, Clayton, N. J.
 Alva T. Carson, Woodlynne, N. J.
 Mary J. Scott, Pitman, N. J.
 Adele F. Garman, Haddon Heights, N. J.
 Amelia M. Hussong, Oaklyn, N. J.
 Florence A. Tourtelot, Haddonfield, N. J.
 Esther S. Finberg, Camden, N. J.
 Rachel B. Donnalley, Camden, N. J.
 Ella T. Ellis, Laurel Springs, N. J.
 Chris Wacker, Camden, N. J.
 Kathryn N. Simon, Merchantville, N. J.
 Albert S. Adams, Camden, N. J.
 Charlotte B. Adams, Camden, N. J.
 Blanche M. Jaccard, Camden, N. J.
 Kathryn P. Preston, Camden, N. J.
 T. L. Creston, Camden, N. J.
 George Prince, Camden, N. J.
 May H. Platt, Camden, N. J.
 Ruth M. Selfridge, Camden, N. J.
 Victoria M. Gallo, Camden, N. J.
 Augusta Liberman, Camden, N. J.
 Hattie Snyder, Camden, N. J.
 Dorothy Lewis, Camden, N. J.
 H. Paul Janes, Camden, N. J.
 Delores McCormick, Camden, N. J.
 Catherine Torquati, Camden, N. J.
 William Dolan, Camden, N. J.
 Bernice Jaffe, Camden, N. J.

- Jean S. Dewary, R. N., Camden, N. J.
 Margaret Mountfael, R. N., Camden, N. J.
 Catherine R. Kelly, R. N., Haddon Heights, N. J.
 Vera Rogers, R. N., Camden, N. J.
 Mary E. Naughton, R. N., Camden, N. J.
 Edythe Plotnick, Camden, N. J.
 Grace E. Norris, Haddon Heights, N. J.
 Frances B. Garnett, Woodbury, N. J.
 Frank Amatucci, Camden, N. J.
 Evelyn Leary, Camden, N. J.
 W. Ross, Camden, N. J.
 Mrs. H. E. Jones, Camden, N. J.
 Elsie D. Kier, Pitman, N. J.
 Hilda E. Keller, Camden, N. J.
 Kathryn M. Carmody, Collingswood, N. J.
 G. Marion Morton, Merchantville, N. J.
 Electa Chew, Camden, N. J.
 Belle T. Conrad, Camden, N. J.
 Agnes C. Meerwald, Haddonfield, N. J.
 Helen V. Yearsley, Haddonfield, N. J.
 Lucretia M. Reger, Camden, N. J.
 Elizabeth B. Stewart, Westville, N. J.
 Thelma L. Curry, Camden, N. J.
 Mabel Nelson, Merchantville, N. J.
 Rose Marie Mecca, Camden, N. J.
 Flora E. Hunter, Camden, N. J.
 Lillian T. Smith, Merchantville, N. J.
 Helen F. Lyell, Camden, N. J.
 Emma W. Wescott, Pitman, N. J.
 Mary Cotner Shipe, Camden, N. J.
 Viola Lalli, Camden, N. J.
 Miriam T. Baker, Merchantville, N. J.
 Julia M. Ramel, Merchantville, N. J.
 Geraldine Denison, Camden, N. J.
 Rita Mohrman Swain, Camden, N. J.
 Sue W. Donnalley, Camden, N. J.
 Mrs. A. Haines Lippincott, Camden, N. J.
 Le Roi A. Ayer, Wenonah, N. J.
 Mrs. M. Gordon, Camden, N. J.
 Sarah McNubal, Camden, N. J.
 Barbara B. Grimes, Haddonfield, N. J.
 Laura D. Bryant, Camden, N. J.
 Helen M. Whitney, R. N., Camden, N. J.
 Elizabeth Birney, R. N., Camden, N. J.
 Jean S. Andres, Camden, N. J.
 Mike Stavola, Camden, N. J.
 Martha B. Lummis, Haddonfield, N. J.
 Sara Webster Smith, Haddonfield, N. J.
 Samuel C. Adams, Camden, N. J.
 Lillian S. Adams, Camden, N. J.
 Dorothy F. Jones, Camden, N. J.
 Mildred L. Buyby, Collingswood, N. J.
 Virginia R. Steel, Audubon, N. J.
 Dorothy Milhous, Camden, N. J.
 Arhetta Rodman, Camden, N. J.
 Estielena C. Truax, Collingswood, N. J.
 Charlotte M. Borden, Camden, N. J.
 Julia H. Moon, Haddonfield, N. J.
 Helen Newkirk, Collingswood, N. J.
 Dorothy Morris Carlton, Philadelphia, Pa.
 Bertha B. Jackson, Atco, N. J.
 John E. Morris, Camden, N. J.
 Helen Morris, Camden, N. J.
 Joseph E. Buchanan, Camden, N. J.
 J. J. Rhodes, Camden, N. J.
 Carl Victor Jubniste, Camden, N. J.
 C. M. Pearce, Camden, N. J.
 Louise Anderson, Camden, N. J.
 Anna F. Pepeta, Camden, N. J.
 Baptist S. Scull, Camden, N. J.
 George Anderson, Camden, N. J.
 William Travis, Camden, N. J.
 Clifford Pitt, Camden, N. J.
 Molly Harter, Camden, N. J.
 Pauline Harter, Camden, N. J.
 Linford Harter, Camden, N. J.
 Gerard R. Harter, Camden, N. J.
 W. Merton Reagan, Camden, N. J.
 Charles H. Gulick, Camden, N. J.
 Wendell M. Gulick, Camden, N. J.
 Elizabeth H. Morris, Camden, N. J.
 Florence R. Fox, Audubon, N. J.
 Mary Karwaski, Camden, N. J.
 Anna McKinney, Philadelphia, Pa.
 Bessie M. Adams, Camden, N. J.
 Myrtle A. Fish, Laurel Springs, N. J.
 Mrs. Ellis Williams, Camden, N. J.
 Mrs. R. T. Dinkelaker, West Collingswood, N. J.
 Robert T. Dinkelaker, West Collingswood, N. J.
 Ruth W. Martin, Stratford, N. J.
 Jeanne Fritsch, Laurel Springs, N. J.
 Carrie J. Miller, Westmont, N. J.
 Sara Elliott, Gloucester, N. J.
 Joseph P. Elliott, Gloucester, N. J.
 Elizabeth L. Aaron, R. N., Camden, N. J.
 Neva W. Large, Pitman, N. J.
 Elsie Jacques, Camden, N. J.
 Esther N. Endicott, Collingswood, N. J.
 Irma L. Garwood, Haddonfield, N. J.
 Bertha C. Burrough, Merchantville, N. J.
 Edith B. Kaighn, Camden, N. J.
 Dorothy M. Richardson, Collingswood, N. J.
 Jewel Carroll, Camden, N. J.
 E. Mildred Thomas, Haddonfield, N. J.
 Edward P. Baker, Woodbury, N. J.
 Mary E. Hamel, Camden, N. J.
 Elsie Ogden, Camden, N. J.
 Elizabeth Wriggins, Camden, N. J.
 Miriam A. Black, Camden, N. J.
 Mary Stallman, Westmont, N. J.
 Mrs. A. L. Roberts, Camden, N. J.
 Ethel Banner, Camden, N. J.
 Frances O'Toole, Camden, N. J.
 Mrs. Helen M. Purdy, Camden, N. J.
 Miss Mary M. Groppenbacher, Swedesboro, N. J.
 Carolyn K. Booth, Camden, N. J.

Sirah Alberta Murray, Philadelphia, Pa.	Grace S. Buckwalter, Camden, N. J.
Ruth Alice Nunn, Camden, N. J.	Lydia A. Dumbleton, Haddonfield, N. J.
May McHale, Mount Ephraim, N. J.	Blanche Harrison, Haddonfield, N. J.
Louisa V. Shumaker, Camden, N. J.	Virginia B. Cupp, Haddonfield, N. J.
Alfreda E. Carr, Audubon, N. J.	Blanche H. Mayer, Pennsauken, N. J.
Alice A. Savidge, Gloucester Heights, N. J.	Mildred H. Childrey, Haddonfield, N. J.
Alice V. Johnson, Woodlynne, N. J.	Zula Casselman, Camden, N. J.
Olga H. Borch, Merchantville, N. J.	Cora W. Shafer, Camden, N. J.
Hilda E. Sampson, Collingswood.	Ethel H. Tulder, Camden, N. J.
Hazel B. Hackett, Merchantville.	Etta Mackey, Camden, N. J.
Laura W. Moore, Merchantville.	Margaret D. Frey, West Collingswood, N. J.
Maude W. Moore, Merchantville, N. J.	Josie S. Baldwin, Merchantville, N. J.
Cecelia Bailie, Camden, N. J.	Anna D. Burkhardt, Camden, N. J.
Emma G. Hemphill, Camden, N. J.	Mary A. Hitchner, Camden, N. J.
Ruth V. Hall, Camden, N. J.	Mrs. F. F. Neutze, Haddon Heights, N. J.
Mary C. B. Reynolds, Merchantville, N. J.	Mrs. R. S. Gamon, Merchantville, N. J.
Esther E. Mower, Haddon Heights, N. J.	Mildred B. West, Merchantville, N. J.
Francis Danner, Camden.	Alyce B. Wilson, Camden, N. J.
Ethel M. Simpson, Camden, N. J.	Verna H. Husted, Haddon Heights, N. J.
Clifford A. Baldwin, Pennsauken Township, N. J.	Mary Pauline Sherk, Merchantville, N. J.
-----, Haddonfield.	Pearl J. Jack, Haddonfield, N. J.
Ephraim Tomlinson, Moorestown, N. J.	Eunice R. Glover, Haddonfield, N. J.
Dorothy T. Schell, Camden.	Florence Braun, Merchantville, N. J.
Mildred A. Stephens, Haddonfield, N. J.	Edith German, Merchantville, N. J.
Mrs. A. -----, Camden, N. J.	Margaret Tatem, Audubon, N. J.
Florence T. Ward, Haddonfield, N. J.	Isabelle F. Ritchie, Camden, N. J.
Jane S. D. Harker, Haddonfield, N. J.	Howard A. Eisenhardt, Westmont, N. J.
Carrie M. Herrin, Camden, N. J.	William C. Doyle, Camden, N. J.
Mrs. William Budd Scott, Camden.	John V. Tinney, Watsontown, N. J.
Mary A. Ganswood.	Edith R. Borden, Merchantville, N. J.
Alfarata B. Sharp.	Elizabeth Heidebaugh, Camden, N. J.
Sarah R. Taylor.	Thomas J. Skymer, Merchantville, N. J.
Ethel G. Green.	Joseph A. Long, Sr., Camden, N. J.
Mrs. C. G. Powell, Camden.	Alfred A. Devonshire, Camden, N. J.
Mrs. Alfred M. Elwell, Camden, N. J.	
Mrs. L. Y. Squibb, Camden, N. J.	
Lillian M. Saunders, Camden, N. J.	

[H. Rept. 324, 76th Cong., 1st Sess.]

A BILL To amend the Act of September 22, 1941 (Public Law 252, 77th Cong.) with relation to the temporary appointments of officers in the Army of the United States

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled, That the Act of September 22, 1941 (Public Law 252, 77th Cong.), be amended to read as follows:

"That during the present emergency, temporary appointments as officers in the Army of the United States may be made, under such regulations as the President may prescribe, from among qualified men and women without appointing such men and women as officers in any particular component of the Army of the United States. All men and women so appointed as officers shall be commissioned in the Army of the United States and may be ordered into the active military service of the United States to serve therein for such periods of time as the President may prescribe. Such appointments in grades below that of brigadier general shall be made by the President alone, and general officers by and with the advice and consent of the Senate: *Provided*, That any appointment made under the provisions of this Act may be vacated at any time by the President, and, if not sooner vacated, shall continue during the present emergency and six months thereafter: *Provided further*, That any man or woman appointed as an officer in the Army of the United States under the provisions of this Act shall receive the same pay and

allowances and be entitled to the same rights, privileges, and benefits as members of the Officers' Reserve Corps of the same grade and length of active service: *And provided further*, That nothing contained in this Act shall be construed to prohibit the appointment of officers in the various components of the Army of the United States in accordance with existing laws.

NEW YORK CITY, March 13, 1943.

Petition.

To: Members of Committee on Military Affairs, House of Representatives,
Washington, D. C.

I am a surgeon at and spokesman for the New York Infirmary for Women and Children, which is a 150-bed hospital in New York City entirely staffed by women physicians.

Our hospital was founded by Elizabeth and Emily Blackwell in 1854, the first women's hospital staffed by women.

It was the first hospital to establish a training school for nurses—was the first hospital to create a chair of hygiene in a medical college. The first X-ray to discover a foreign substance in the human body was taken at the infirmary in 1871. The infirmary sponsored the first sanitary commission during the Civil War which antedated, by several years, that set up by the city government.

Members of our staff are helping in the war effort in every way possible except directly in the armed forces. Some of our members are in the WAVES. Some have given up their homes and practices and have taken positions in other parts of the country assigned to them by the Procurement and Assignment Committee. Several have taken over work in other hospitals, previously done by men now in the services, in addition to their regular work. In other words they are hard-working doctors like their men colleagues.

The armed forces state they need physicians.

We are willing to serve in the armed forces even as we are doing at home; but we wish to serve as doctors, caring for sick and wounded, male or female. We do not wish to be limited to routine care of healthy women in an auxiliary.

The question of our physical stamina has arisen. Since we operate, deliver babies and carry on our medical practices 12 to 18 hours a day as do our men colleagues in civilian life, I do not see why we could not meet the demands of war life as well. The nurses on Bataan did it. Women physicians in my experience work twice as long and twice as hard as any nurse.

I should like to call your attention to the glowing accounts of the spectacular work done by the Russian Medical Corps. It has been said that 50 to 80 percent of the Russian Medical Corps are women physicians. They not only treat the wounded—they frequently have to go out on the battlefield and bring them in.

If the Russian women can do this I know the American women physicians will not fail.

In behalf of the physicians of the New York Infirmary for Women and Children, I wish to urge the passage of both the Celler and the Sparkman bills.

Respectfully submitted.

RUTH E. EWING, M. D.

Mr. MERRITT. A number of telegrams have been received by the committee, and they will be included in the record at this point.

(The telegrams are as follows:)

SAN FRANCISCO, CALIF., March 10, 1943.

CHAIRMAN CLAY,

Military Affairs Committee, House of Representatives.

Urge women doctors admitted to regular Medical Corp of Army.

SAN FRANCISCO WOMEN PHYSICIANS CLUB.

MARY GLOVER.

SAN FRANCISCO, CALIF., *March 9, 1943.*

MILITARY AFFAIRS COMMITTEE,
Washington, D. C.

We, the women of the San Francisco City and County Federations of Women's Clubs, are asking that the same medical ratings and privileges be given to women physicians in military affairs as those given to men physicians.

SAN FRANCISCO CITY AND COUNTY FEDERATIONS OF WOMEN'S CLUBS.
MRS. CLARENCE CUNEO, *President.*

NEW YORK, N. Y., *March 9, 1943.*

CHAIRMAN OF MILITARY AFFAIRS COMMITTEE,
HOUSE OF REPRESENTATIVES,
Washington, D. C.

I am a male medical student in New York City, and feel that women doctors should be commissioned in the United States Army inasmuch as it is hardly democratic for the administration to discriminate against female physicians.

ANDREW H. P. SWIFT.

NEW YORK, N. Y., *March 9, 1943.*

CHAIRMAN, MILITARY AFFAIRS COMMITTEE,
HOUSE OF REPRESENTATIVES,
Washington, D. C.

As a male medical student at New York University, I submit that it is neither democratic nor the tactics of total war to exclude women physicians from the Army Medical Corps on an equal basis with men.

THOMAS MCKEAN DOWNS, Jr.

SAN FRANCISCO, CALIF., *March 10, 1943.*

REPRESENTATIVE CLAY,
MILITARY AFFAIRS COMMITTEE, HOUSE OF REPRESENTATIVES,
Washington, D. C.

Urge favorable consideration of legislation removing ban of women from Medical Department of Army.

Mrs. WARNER CLARK.

SAN FRANCISCO, CALIF., *March 10, 1943.*

HOUSE MILITARY AFFAIRS COMMITTEE,
Washington, D. C.

GENTLEMEN: Respectfully urge that women physicians training at National Naval Medical Center be given rank equivalent to males of similar qualifications.

SAN FRANCISCO COUNTY MEDICAL SOCIETY.
SIDNEY J. SHIPMEN, M. D. *President.*

WASHINGTON, D. C., *March 9, 1943.*

REPRESENTATIVE MATTHEW J. MERRITT,
The House Office Building, Washington, D. C.

American Dietetic Association supports Celler's bill giving commissions in army to women physicians.

EVELYN ANDERSON,
Legislative Chairman.

NEW ORLEANS, LA., March 9, 1943.

Hon. MATTHEW MERRITT,
Military Affairs Committee, Old House Office Building.

In interest of equal rights and privileges for all, urge passage of Congressman Celler's bill, H. R. 824, concerning status of women physicians in armed forces.

EMMA S. MOS, M. D.,
Director Department of Pathology Charity Hospital.

NEW ORLEANS, LA., March 10, 1943.

Hon. MATTHEW MERRITT,
*Presiding officer, Subcommittee of the Military Affairs Committee,
 Old House Office Building, Washington, D. C.*

Urge your support of bill, H. R. 824, introduced by Congressman Celler. American Medical women eagerly await chance to serve.

ELIZABETH BASS, M. D.

LOS ANGELES, CALIF., March 10, 1943.

Hon. MATTHEW MERRITT,
*Chairman, Military Affairs Committee,
 Old House Office Building, Washington, D. C.*

Business Women Legislative Council of California urge immediate favorable action on H. R. 824. Women physicians and surgeons serve in Britain, India, Russia, and China. American women physicians and surgeons have qualifications, skill, and special knowledge and should serve our armed forces on same basis as men. Sex is no barrier to the alleviation of suffering or conservation of life on the war front.

ALIDA DYSON,
Legislative Chairman.

MARCH 12, 1943.

Members of the Subcommittee:

Women are playing an important part in the present war. Their status should be based upon training, ability, and experience. No discrimination should be made in the medical profession.

The legal requirement for commission is that the "person" must be a citizen between 21 and 60 and possess the required medical training.

In considering this resolution to commission women doctors, I ask you members of this committee to think about the recent statement of Mme. Chiang Kai-shek: "I have never found that brains have sex."

I wish to be recorded as being in favor of giving women doctors equal rights and responsibilities with men doctors.

MARGARET CHASE SMITH,
Representative from Maine.

Mr. MERRITT. Thank you, ladies for appearing here. The committee will now hold an executive session.

(At 11:20 a. m. the subcommittee held an executive session.)

TO APPOINT WOMEN PHYSICIANS AND SURGEONS IN THE MEDICAL CORPS OF THE ARMY AND NAVY

THURSDAY, MARCH 18, 1943

HOUSE OF REPRESENTATIVES;
SUBCOMMITTEE No. 3 OF THE
COMMITTEE ON MILITARY AFFAIRS,
Washington, D. C.

Subcommittee No. 3 of the Committee on Military Affairs met at 10 a. m., pursuant to adjournment, Hon. Matthew J. Merritt (chairman of the subcommittee) presiding.

Mr. MERRITT. The subcommittee will come to order. This is Subcommittee No. 3 of the Committee on Military Affairs. We are continuing the hearings on H. R. 824 and H. R. 1857. For the benefit of those who may not have been present when we held our last hearing, this will be the last hearing on this legislation. Following the public hearing, the subcommittee will hold an executive session. The subcommittee will now ask Brigadier General McAfee to come forward and make any statement he desires; then the committee will ask him questions.

STATEMENT OF BRIG. GEN. LARRY B. McAFEE, ASSISTANT TO THE SURGEON GENERAL, WAR DEPARTMENT

General McAFEE. Mr. Chairman and gentlemen, I represent the Surgeon General. He has asked me to come here this morning and to state that he has no objection to the bill H. R. 1857 and that the medical department appreciates that it can use women doctors to advantage in the Army organization, especially with the Women's Army Auxiliary Corps. The House bill providing for this organization to become a part of the Army, we felt, would cover commissions for women doctors in the Army. If it is felt necessary in the War Department or in the committee to further provide for them in this bill, H. R. 1857, there is no objection.

Mr. MERRITT. General, from your experience would you say that women doctors have a proper place in the Army alongside men doctors?

General McAFEE. We can use women doctors in the Army, not to the latitude that we do men doctors; but there is a definite place for them now.

Mr. MERRITT. Mr. Sparkman, have you any questions?

Mr. SPARKMAN. I have no questions.

Mr. MERRITT. Mr. Harness?

Mr. HARNESS. General, you do not make any comment on H. R. 824?

General McAFEE. Is that the Women's Auxiliary bill?

Mr. HARNESS. No; that is another bill on this same subject. That is the Celler bill.

General McAFEE. I have no comment to make on that bill. Of course, it extends beyond the use of women doctors.

Mr. HARNESS. In other words, the Surgeon General's office would favor the amendment of existing law to admit women doctors on the same basis as men physicians are taken into the Medical Corps?

General McAFEE. For the emergency.

Mr. HARNESS. That is all?

General McAFEE. Yes.

Mr. SPARKMAN. Mr. Chairman, I do want to ask one question.

Mr. MERRITT. Mr. Sparkman.

Mr. SPARKMAN. There is in this bill one clause providing that female physicians and surgeons appointed under this act shall be assigned to duty only in hospitals or other stations where female nurses are employed.

General McAFEE. Yes.

Mr. SPARKMAN. Do you have anything to say with reference to that clause? Do you especially care for that clause being in, or would it be just as well to strike it out?

General McAFEE. There is no objection to that clause. It is hard to anticipate just where we would use the doctors, because we do not know to what extent we will get women doctors. We are concerned that the woman doctor be physically fit, that she be professionally qualified, and that she shall be selected through the Procurement and Assignment Committee of the War Manpower Commission. Then we will use women doctors, according to the number that we get, primarily with the women's organization in the Army and in those hospitals carrying larger woman-patient loads.

Mr. SPARKMAN. That is all I have to ask, Mr. Chairman.

Mr. MERRITT. Mr. Durham?

Mr. DURHAM. General McAfee, provided this WAAC bill does not become a law, you still would be in favor of such legislation as this, proposed before us today, would you not?

General McAFEE. Yes, sir.

Mr. DURHAM. That is why this last clause here, I think, would probably have some effect, Mr. Sparkman, provided the WAAC bill does not become a law. That is all I wish to say.

Mr. MERRITT. Mr. Johnson, have you any questions?

Mr. JOHNSON. No; thank you.

Mr. MERRITT. Mrs. Luce?

Mrs. LUCE. No; thank you.

Mr. MERRITT. General McAfee, if that is all you wish to say, we thank you most kindly for your statement. We are happy to have had you here.

General McAFEE. Thank you, Mr. Chairman.

Mr. MERRITT. I understand that Dr. Baird-Bennett wishes to make a statement.

**STATEMENT OF DR. OLLIE JOSEPHINE PRESCOTT BAIRD-BENNETT,
WASHINGTON, D. C.**

Dr. BAIRD-BENNETT. My name is Dr. Ollie Josephine Prescott Baird-Bennett. My address is 1028 Connecticut Avenue NW., the La Salle Apartments, Washington, D. C. During my service in the Army my name was Baird. On February 4, 1934, I married Mr. Christopher C. Bennett.

Mr. Chairman and gentlemen, to the question, Shall women physicians be commissioned in the Army, I answer, yes, indeed, by all means, they should be. On May 1, 1918, I received at Detroit, Mich., orders from the Surgeon General's office in Washington, D. C., to proceed to the Mayo Clinic, Rochester, Minn., for an anaesthesia course; and, later orders to proceed to the base hospital, Camp McClellan, Anniston, Ala.

I received the title of contract surgeon with the rank, pay, and quarters of a first lieutenant. On arrival at the base hospital, my duties were to be in charge of general anesthesia for two operating rooms. I administered anesthesia to an average of five to seven patients daily. I was on duty during a 24-hour period, the same as the male physicians, who were commissioned. I performed the same duties, only more of them. Those same male physicians were glad to be relieved of those self-same duties. Also, I gave class and individual instructions to many of the Nurse Corps and, as well, to a number of the enlisted men.

The officers, nurses, and men addressed and saluted me as Lieutenant Baird. After a short time they began asking me why I did not wear the insignia of a lieutenant. My reply was that women physicians could get into the Army only as contract surgeons; we could not enlist or be commissioned. This constant questioning was disturbing to me. Why could not women be commissioned as men physicians are? was my question also.

It was a great pleasure for me to be able to serve my country and to do all that I could to help. However, women are taught the same as men in class, and they work, in college and out, side by side and do the same type of practice as men usually do, except genito-urinary work.

The commanding officer of the base hospital did give me permission to wear a cord on my hat, denoting "lieutenant," which helped some. The only reward or compensation we can now receive is, we that served in 1918 when our life is over, to be buried in Arlington Cemetery. We receive no pension; we receive no bonus.

My work among the patients in the operating room was very pleasant. The patients to be operated upon would ask to have the lady lieutenant give them the ether because if she gave it, they would live. Evidently they had lots of confidence in me. The Protestant boys called me mother; the Catholic boys called me sister; for in the operating room I was dressed in white.

Gentlemen of the committee and Surgeon General of the Army, I ask you, please, to give our women who qualify a chance to serve in

the Army as commissioned physicians. In the last World War there were 52 women physicians who served, 8 of them overseas. I thank you.

Mr. MERRITT. Thank you, doctor. The committee will now go into executive session.

(At 10:20 a. m. the subcommittee held an executive session.)

MEN PHYSICIANS SUPPORT THEIR WOMEN COLLEAGUES

Unanimously supporting women physicians in their effort to secure commissions are: The Medical Society of the State of New York, the Medical Society of New Jersey, and the New York County Medical Society. Many outstanding individual men of the medical profession have also given hearty endorsement.

WHAT ORGANIZATIONS SAY

The American Legion and Auxiliary have gone on record as approving the service of women physicians with the armed forces in hospitals wherever there are women nurses.

Journal of the Medical Society of the County of New York, December 19, 1942: "The present war is not being waged in the Victorian tradition and it is absurd to allow Victorian concepts of sex to prevent the fullest possible use of necessary skills. It is true that women physicians can serve usefully in civilian life—but they can also render valuable service in the armed forces—and they should have the same right as their male colleagues to select their arena of service.

"Unprecedented demands have been made on women in the past year and the nation will have to lean on them even more heavily in the year to come. It does not encourage them to leave their homes and do a man's work in shipyards, factories and fields when they see that outmoded prejudice, discarded in other countries, still denies them equal privileges and rewards in equal skills."

WHAT PEOPLE SAY

Mrs. Franklin D. Roosevelt: "I have had this question of using women doctors and surgeons in the services brought to my attention several times. I do believe they should be used and have said so on several occasions."

Mrs. Ogden Reid, publisher: "I have crusaded for the idea of having women doctors in the armed services whenever I have had an opportunity."

Pearl S. Buck, author: "In other countries, such as Russia and China, women are in the armed ranks as soldiers and as doctors. There can be no excuse for discrimination against women in our country."

Lady Armstrong, Catholic Charities: "There are many places in the armed services where women could be of enormous help, not only as doctors or surgeons, but in bolstering the morale of our men. If the women nurses can be in the thick of battle, why cannot our magnificent corps of women doctors who were prepared to enlist, serve with the armed forces and do their bit, too?"

Dorothy J. Bellanca, labor: "I am absolutely in favor of women physicians participating on equal terms with men in the armed forces."

Aurelia Henry Reinhardt, president emeritis, Mills College, California: "Medical knowledge and skill have no sex attributes. The armed services need skillful physicians and surgeons whether men or women."

Anne O'Hare McCormick, journalist: "I see no reason why women physicians should not be accepted in the armed services in this country on the same basis as they are used in the British and Russian armies. I am sure it will come."

Mrs. William H. Good, political leader: "I am in favor of the proposition that women doctors should be accepted for the armed services of our country."

Mrs. Carrie Chapman Catt, suffragist: "I am very glad, indeed, to know there is a movement to try to break those barriers to women serving as physicians in the war."

Mrs. Edgerton Parsons, chairman, American Section, Pan Pacific Women's Association: "There is not question but that qualified women doctors should have the same opportunity that men doctors have to serve their country in the armed forces or in any other way. I hope that the necessary legislation will soon be passed that will make this possible."

Virginia C. Gildersleeve, dean of Barnard College: "I believe women physicians should be accepted for the armed services of our country."

Raymond Gram Swing, radio commentator: "There should, of course, be equality of status between men and women in all Government services, and, where training and ability are equal, no discrimination should be made."

Jane H. Todd, assemblyman: "It goes without saying that women doctors should have Army rank. After the long struggle women have made for medical education and training, it is a matter of common justice that those who are qualified to do so should serve in the armed forces with military rank."

Arthur Krock, political writer: "I cannot see how service departments in a war which set up WAVES and WAAC's can logically or even sensibly decline to accept women doctors in the Army."

Elinore M. Herrick, labor: "I really do not see why women doctors cannot be of equal value to the Army as women nurses are. I think women doctors should be accepted by the armed services."

Raymond Clapper, columnist: "My sister-in-law is a surgeon in New York and has been very active in trying to break down Army barriers against women doctors. Naturally, I have been very much in sympathy with it through hearing her discuss it."

Frank P. Graham, president, University of North Carolina: "I can see no objection to women physicians serving in the armed forces."

Mrs. John L. Whitehurst, president, General Federation of Women's Clubs: "Women will play an important part in the present war, and if women graduate from accredited schools they should be commissioned according to their personal and professional abilities."

WHAT EDITORS SAY

New York Herald Tribune, December 8, 1942: "At the time when the Nation must use its man and woman power to the utmost advantage the notion that technically qualified women are of use only, or even of most use, on the home front must be completely discarded. * * * The Army's distinction among qualified doctors is evidently based solely on a Victorian outlook toward women * * * the legal requirement for a candidate is that the 'person' be a citizen between the ages of 21 and 60, possessing the requisite medical training. Are doctors, then, not persons when they happen to be women?"

The New York Times, July 13, 1942: "If Major Flikke can head the Nurse Corps of the Army, a position which gives her authority over some men as well as many women, and discharge her duties so effectively that she has been promoted to the rank of colonel, we have every reason to suppose that women physicians can give an equally good account of themselves in the Medical Reserve Corps. * * * To brush women aside at a time when the corps needs all that are qualified is a concession to an outmoded tradition that we cannot afford to make."

New York World-Telegram, October 8, 1942: "Why should the United States Government be so far behind the British Government in the matter of granting commissions and pension rights to women doctors who wish to enter the armed services? * * * American women doctors, many of whom and in increasing numbers have distinguished themselves in the profession, have a just grievance, we think, against their Government which refuses them equal rights with men doctors in the armed services, though it grants commissions to women nurses. * * * Here is discrimination to which the War and Navy Departments should speedily put an end."

The Saturday Evening Post, February 20, 1943: "It is our hope that the women doctors will carry the day. After all, Florence Nightingale and Clara Barton got women onto the battlefields before the master sex had been softened up by the sight of women in operating rooms, offices, mills, and shipyards. There ought to be no difficulty in the way of permitting women doctors, who are already treating civilians from coast to coast, to perform their healing arts on soldiers and sailors."

ASSOCIATIONS AND CLUBS ENDORSING THE EFFORT OF WOMEN PHYSICIANS TO SECURE PROPER WARTIME RATINGS

Altrusa International.

American Association of University Women.

Electrical Women's Round Table, Inc.

National Association of College Women.

National Association of Women Lawyers.

National Council of Women of the United States.

National Federation of Business and Professional Women's Clubs, Inc.
 National Women's Christian Temperance Union.
 National Woman's Party.
 Quota Club.
 Regular Veterans' Woman's Association.
 Supreme Chapter P. E. O. Sisterhood.
 Supreme Forest Woodmen Circle.
 The American Woman's Association.
 The Associated Women of the American Farm Bureau Federation.
 Zonta International.

Mr. NELSON. I should like to make this observation: The gentleman stated that women made better doctors or did better work as radiologists, physiotherapists, and the like. Some of these have been included under the Army Nurse Corps Act and can be commissioned, as I understand it, the same as Army nurses can be commissioned.

Mr. CELLER. But may I draw an analogy? Suppose, you, being a Congressman, someone wanted to commission you as an assemblyman in your State's legislature. Would you accept?

Mr. ELSTON. I do not think that there is any parallel.

Mr. CELLER. A doctor would not want to be reduced to the position of nurse. She is only a nurse if she goes into the Army Nurse Corps.

Mr. ELSTON. She could be commissioned.

AMERICAN MEDICAL WOMEN'S ASSOCIATION, INC.,
 New York, N. Y., February 23, 1943.

COMMITTEE ON MILITARY AFFAIRS,
 Congress of the United States, Washington, D. C.

DEAR SIR: The women physicians of the United States of America have offered a definite service to the armed forces of their country. This service has not been accepted due to sex discrimination. Medical service is highly specialized, and sex should not be a factor when the personnel of the Medical Corps is selected. Ability, training, and experience should be the deciding factors.

Nonmedical women who enlist in our armed forces without training are welcomed with open arms on the same basis as the men who have not had training.

Women physicians only ask to be permitted to serve the country they love on the same basis as the services of men physicians are accepted.

As president-elect of the American Medical Women's Association, I plead for equality and justice.

Yours respectfully,

ZOE A. JOHNSTON.

WOMEN'S MEDICAL SOCIETY OF NEW YORK STATE,
 Savoy-Plaza, New York City, January 30, 1943.

CHAIRMAN OF THE COMMITTEE ON MILITARY AFFAIRS.

DEAR SIR: At the thirty-sixth annual council meeting of the Women's Medical Society of New York State held in New York City this morning, January 30, 1943, the following resolution was unanimously adopted:

"Be it resolved that the Women's Medical Society of New York State go on record as approving the bill H. R. 824 which has been introduced into the House of Representatives by Congressman Emanuel Celler of New York. The society urges that this bill receive favorable consideration from the Committee on Military Affairs, since by the adoption of this bill women physicians will become eligible for the Medical Reserve Corps of the United States Army."

Very sincerely yours,

[SEAL]

MARGUERITE P. MCCARTHY, M. D., President.
 ISABELLE F. BORDEN, Secretary.

WOMEN'S MEDICAL SOCIETY OF NEW YORK STATE,
Savoy-Plaza, New York City, January 30, 1943.

HON. EMANUEL CELLER,
Washington, D. C.

DEAR SIR: At the thirty-sixth annual council meeting of the Women's Medical Society of New York State held in New York City this morning, January 30, 1943, the following resolution was unanimously adopted:

"Be it resolved, That the Women's Medical Society of New York State go on record as approving the bill H. R. 824 which has been introduced into the House of Representatives by Congressman Emanuel Celler of New York. The society urges that this bill receive favorable consideration from the Committee on Military Affairs, since by the adoption of this bill women physicians will become eligible for the Medical Reserve Corps of the United States Army."

Very sincerely yours,

[SEAL]

MARGUERITE P. MCCARTHY, M.D., *President.*
 ISABELLE F. BORDEN, M.D., *Secretary.*

At a stated meeting of the Medical Society of the County of New York, held Monday evening, April 20, 1942, the following resolution presented by Dr. Emily Dunning Barringer and seconded by Dr. Ruth Ewing was adopted:

"Whereas during the past winter women physicians have been denied commissions in the Medical Reserve Corps of the United States Army because of their sex, and in spite of outstanding personal and professional qualifications, as for instance in the case of a skilled anesthetist attached to a base hospital which was ordered into active service. In this case the colonel in charge and the chief surgeon highly endorsed and desired that this woman be a member of the staff of this base hospital; and

"Whereas during this past winter two American women physicians have received commissions in Royal Army Medical Corps of the British Army, one as a major and the other as a lieutenant, and both have been assigned to military hospitals; and

"Whereas the women physicians of the American Medical Association are a minority group, who, however, pay dues and take part in the activities of the association, and turn to the association for help in their problems of medical opportunities; and

"Whereas there is no existing ruling that women are ineligible to the Medical Reserve Corps of the United States Army, while there is an existing ruling in the Navy, which could be removed by the proper authorities; and

"Whereas at the last meeting of the house of delegates of the Medical Society of the State of New York, the house went unanimously on record as approving that women physicians be admitted to the Medical Reserve Corps of the United States Army and Navy, and formally requested the American Medical Association to endorse their action, which was not accomplished: Therefore be it

"Resolved, That the delegates from New York County be instructed to ask the house of delegates to go on record again this year, and ask the American Medical Association to aid one of its minority groups by endorsing and aiding women physicians in obtaining commissions in the Medical Reserve Corps of the United States Army and Navy."

AMERICAN MEDICAL WOMEN'S ASSOCIATION, INC.

MEDICAL SERVICE COMMITTEE

50 West 50th Street, New York, N. Y.

REGISTER OF MEDICAL WOMEN FOR EMERGENCY SERVICE

Name in full..... Telephone.....
 Address..... City..... State.....

IN CASE OF NATIONAL EMERGENCY

Will you serve:

Wherever appointed at home or abroad..... With military, sea, or
 air forces..... With refugees..... In any other capacity.....
 In the United States only..... In your home town only.....
 With sick or wounded soldiers..... With refugees.....
 With public health units..... As a local substitute.....
 Full time..... Part time.....

IN CASE OF NATIONAL EMERGENCY—continued

Would you join a Medical Women's Reserve Corps for part time home service?

What kind of work are you best qualified and willing to do?

What experience have you had in this work?

Have you registered with any medical emergency unit?

What languages do you speak?

PERSONAL HISTORY

Birthplace_____ Date_____ Race_____ Religion_____

Citizenship_____ Native born_____ Naturalized_____

Single ☐ Married ☐ Widowed ☐ Children:_____ No._____ Ages_____

Husband's name_____ Birthplace_____

Degrees: Medical college_____ Year_____ Other degrees_____

Licensed in county_____ State_____

Past experience, internship, graduate study, positions held_____

Type of practice: Private ☐ General ☐ Institutional ☐

Specialty_____ Licensed as specialist_____

Positions and hospital affiliations at present_____

Membership in A. M. A. _____ A. M. W. A. _____ Special societies_____

Have you any functional disorder or physical disability?_____

Signature_____ Date_____

SARAH T. HUGHES,
Dallas, Tex., March 8, 1943.

To the MILITARY AFFAIRS COMMITTEE,
House of Representatives, Washington, D. C.:

There is never a time when a country can afford to waste its resources, but in times of national need failure to make full use of every resource may seriously retard the war effort, and to place obstacles in the way of the utilization of any power courts disaster. The most direct contribution to winning the war must be made by the armed forces. Yet at the present time women, no matter how trained they are, as doctors, lawyers, or engineers, are barred from appointment in the Army as officers and their services are being lost to the armed forces. The passage of H. R. 824 would make available to the Army women specialists in the same way that men are already available, resulting in full utilization of skilled and trained personnel for Army needs and maximum war power.

The American Association of University Women, composed of more than 70,000 college-trained women, favors the passage of H. R. 824 in order that the full resources of the Nation may be available for speeding victory.

Respectfully submitted.

SARAH T. HUGHES,
Chairman, Committee on Economic and Legal Status of Women,
American Association of University Women.

NATIONAL WOMEN'S TRADE UNION LEAGUE OF AMERICA,
Washington, D. C., March 9, 1943.

The Honorable ANDREW J. MAY,
Chairman, Military Affairs Committee,
United States House of Representatives,
Washington, D. C.

MY DEAR MR. MAY: The National Women's Trade Union League of America wishes to go on record in support of H. R. 824 (Celler), which would permit women physicians to serve in the Army Medical Corps on an equal basis with men.

One of the planks in the league's platform is "equal pay for equal work, regardless of sex or race," and continuous effort has been put forth in behalf of this principle since the founding of the league 40 years ago.

At this time, therefore, the million and more members of the National Women's Trade Union League urge the passage of the Celler bill so that women of equal training and ability may have equal rank and pay with men in the Army Medical Corps.

Respectfully yours,

MARGARET F. STONE,
Legislative Chairman.

SUPREME CHAPTER P. E. O. SISTERHOOD,
Helena, Mont., February 1, 1943.

Dr. EMILY DUNNING BARRINGER,
114 East Fifty-fourth Street, New York City.

MY DEAR DR. BARRINGER: It will not be possible to send a representative to appear before the committee on commissions for women physicians, but I do wish to add a word urging that this recognition be given. I am at a loss to understand why women physicians should not be given consideration as well as nurses, and organizations such as the WAAC's, the SPARS, the WAVES, and other organizations of women in war service. I would think the women doctors would be among the first to be called into service and given due recognition. With every good wish, I am

Sincerely yours,

BLANCHE D. WALKER,
President, Supreme Chapter.

SUPREME FOREST WOODMEN CIRCLE,
Omaha, Nebr., February 9, 1943.

Dr. EMILY DUNNING BARRINGER,
114 East Fifty-fourth Street, New York City, N. Y.

DEAR DR. BARRINGER: It has come to our attention that bill H. R. 824 introduced by Congressman Emanuel Celler has been referred to the Committee on Military Affairs.

The undersigned, representing the Supreme Forest Woodmen Circle, a women's legal reserve fraternal benefit society with approximately 110,000 members, are heartily in favor of the passage of this bill. It is a practicable and workable method of utilizing the qualified women power of our country in the prosecution of the war. In behalf of the members of our organization, we bespeak their enthusiastic approval of this bill.

Yours very truly,

DORA ALEXANDER TALLEY,
National President.
 MAMIE E. LONG,
National Secretary.

NEW YORK, N. Y., *March 9, 1943.*

Dr. EMILY DUNNING BARRINGER,
Carroll Arms Hotel.

DEAR DR. BARRINGER: By a unanimous vote our organization has gone on record as approving having women physicians commissioned in the Medical Corps of the United States Army and Navy. Constitutionally, from a hereditary and eugenic standpoint, women are better adapted to be doctors than men.

ALFRED KOERNED, M. D.
President of the Society for Education in Hereditary and Eugenics, Nesconset, N. Y.

FEBRUARY 11, 1943.

CHAIRMAN, MILITARY AFFAIRS COMMITTEE,
Washington, D. C.

DEAR SIR: The Business and Professional Women's Club of Atlanta, Inc., is in favor of the bill, H. R. 824, and hopes you will see fit to report it favorably.

Very truly yours,

RUBY McN. WORCESTER,
Corresponding Secretary, Business and Professional Women's Club of Atlanta, Inc.

CC: Dr. Emily D. Barringer, President, American Medical Women's Association, Inc., 114 East 54th Street, New York, N. Y.

NEW YORK, N. Y., *March 8, 1943.*

Dr. EMILY BARRINGER,
Carroll Arms Hotel.

I am so very sorry not to be able to be with you Thursday to give any little help I might to your cause in which I have so much sympathy. I personally

cannot see any reason why women should be discriminated against where their training and ability is equal to that of men. I sincerely hope may win this fight that was fought so well by Clara Barton and Florence Nightingale.

MADELEINE CARROLL.

NEW YORK, February 4, 1943.

DR. EMILY D. BARRINGER,
New York City.

MY DEAR DR. BARRINGER: I am in thorough accord with Congressman Celler's bill which is to come before the Committee on Military Affairs and which provides for the admittance of women physicians to the Medical Reserve Corps of the United States Army.

Since the public hearing on this bill must take place in Washington, I do not think I will be able to be there early in February. But I am enclosing herewith a statement which may be read if so desired.

I am in accord with the bill to amend the act of September 22, 1941, with relation to the temporary appointments of officers in the Army of the United States.

Its passage will expedite the war effort. That in itself, regardless of its many corollary values, is sufficient to guarantee its importance.

I have confidence that this bill will go through. Its emergency, sociological, and professional values are noncontroversial.

I urge it as a necessary, a forward-thinking, and an intelligent legislation.

FANNIE HURST.

THE NEW YORK TIMES, WASHINGTON BUREAU,
Washington, D. C., February 1, 1943.

DR. EMILY DUNNING BARRINGER,
New York, N. Y.

DEAR DR. BARRINGER: Dr. Ratterman has asked me to give you a short statement in support of Representative Celler's bill admitting women physicians to the Medical Reserve of the Army of the United States.

I have felt that it lies outside my province to make personal representations to Congress on legislation, using my own public writings for such purposes. But in this instance I am entirely willing to say that if I were a Member of Congress considering this legislation, I should require strong and convincing reasons, in proof of a contention that the efficiency and security of our armed forces would be diminished by the passage of the Celler bill, before I should oppose it.

Yours faithfully,

ARTHUR KROCK.

MESSAGE FROM DR. ROSALIE SLAUGHTER MORTON, OF WINTER PARK, FLA.

(She was unable to attend the hearing because of heavy professional duties but desires to go on record as supporting the Celler bill, H. R. 824. Dr. Morton did notable work during World War No. 1 when she served in the Medical Corps of the Serbian Army and in France. In July 1917, Surgeon General Gorgas designated her as a member of the medical board of the National Council of Defense to represent officially all the medical women of the United States. She writes:)

We hope, gentlemen, that you, Representatives, American men free from professional jealousies and ancient prejudices, will speed the going of our colleagues, now of military age, to do their bit in lessening the suffering and in saving the lives of our soldiers and those of our allies.

Respectfully submitted,

ROSALIE SLAUGHTER MORTON, M. D.

STATE OF NEW JERSEY,
DEPARTMENT OF INSTITUTIONS AND AGENCIES,
Trenton, N. J., February 18, 1943.

DR. EMILY DUNNING BARRINGER,
New York, N. Y.

MY DEAR DOCTOR BARRINGER: I am very much interested to learn of the proposed changes in bill H. R. 824, which will change the word "persons" to "men and women."

I certainly hope that the woman doctor does get some recognition in this situation.

Very sincerely yours,

DEPARTMENT OF INSTITUTIONS AND AGENCIES,
ELLEN C. POTTER, M. D.,
Director of Medicine.

WESTPORT, ESSEX COUNTY, N. Y.,
February 1, 1943.

DR. HELINOR RATTERMAN,
AMERICAN MEDICAL WOMEN'S ASSOCIATION, INC.,
New York City, N. Y.

DEAR DR. RATTERMAN: Your note of the 28th reached me this morning. I am enclosing a copy of my letter to Congressman Celler which has been forwarded to Dr. Barringer. I am sorry that it is not possible for me to go to Washington for the hearing on the Celler bill.

With good wishes for its passage,

Very sincerely yours,

MARY E. WOOLLEY.

FEBRUARY 1, 1943.

The Honorable EMANUEL CELLER,
House Office Building, Washington, D. C.

DEAR MR. CELLER: It gives me satisfaction to support H. R. 824 admitting women physicians to the Medical Reserve Corps of the United States Army. In this time of crisis when the service of competent human beings is so desperately needed all along the line a failure to pass this bill would indicate short-sightedness and lack of patriotism.

With the earnest hope that the bill may be passed,

Very sincerely yours,

MARY E. WOOLLEY.

[Reprinted from New York State Journal of Medicine, vol. 42, No. 2, January 15, 1942]

WAR AND THE WOMAN PHYSICIAN

TO THE EDITOR:

I wish to address the men physicians of New York State through your column.

It has been my proud privilege to be a member of the house of delegates in the Medical Society of the State of New York for about a decade.

During this time I have seen much forward-looking legislation transacted. Possibly no one act has commanded my respect more than when the house went unanimously on record as recommending that women physicians be admitted unreservedly to the Medical Reserve Corps of the United States Army and Navy. This was an act of modern gallantry on the part of the men to their sister women physicians. Yes, it was this and a great deal more, for it was a declaration of justice for women that they should have equal rights with men physicians where these rights had been earned.

The fact that this momentous recommendation from the house of delegates was not ratified by the higher medical tribunal in no way dims the splendid act of the Empire State taking its stand for its women physicians, the first of any State to do so. The women physicians of New York State have been heartened and thrilled by your act and extend to you all keep gratitude and appreciation.

Another war is upon us and grim days are ahead. As president of the American Medical Women's Association, I have found that my most important duty has been to find out where the woman physician fits into the picture of World War No. II.

In tracing down all the illusive reasons why women physicians are ineligible to the Medical Reserve Corps, and the hints of necessary legislation to bring this about, I have at last been able to get some basic facts.

They are as follows: (1) Women physicians are eligible to the Medical Reserve Corps of the United States Army; (2) women physicians are ineligible to the Medical Reserve Corps of the Navy, but this ineligibility could be removed by the Navy if and when they might consider it expedient to admit women. These facts come directly from the headquarters of the Army and Navy.

Acting on this information, the following resolution was duly adopted at the midyear board meeting of the directors of the American Medical Women's Association held at the Women's Medical College of Pennsylvania on Saturday, December 6, 1941:

"Whereas there has been no change in respect to military rating for women physicians since the First World War, and in our present state of war preparedness women physicians now find themselves in an anomalous and undignified position as compared with nurses who now have full military rating with all the privileges thereof; and

"Whereas, during the period between World War No. I and World War No. II, women physicians have taken advantage in ever-increasing numbers of their enlarging opportunities for broader professional training, due to the fact that large medical schools and hospitals are now open to them, they are now admitted to the most important medical societies, are Fellows of the American College of Surgeons and College of Physicians and are holding positions of trust and responsibility on hospital staffs, college boards, and departments of health all over the country; and

"Whereas the bulk of our practicing women physicians are in a position economically and socially to qualify for work in civilian defense in case of national emergency; and

"Whereas there is also a small but very important percentage of practicing women physicians in the proper decades of life, unattached, in good health, well-trained, and desirous of seeing active service for the same reasons that their equally well-trained male colleagues are; among these women being experts in the fields of medicine, surgery, anaesthesia, bacteriology and pathology, and in the specialties of neuropsychiatry and of eye, ear, nose, throat, and skin diseases, whose services would be of great value in base hospitals and wherever military nurses are sent; and

"Whereas many of the best of the women physicians in this preferred qualification group, having received no recognition whatever from our Government, are accepting positions for professional work in England and we are losing our very best women physicians in this way; and

"Whereas both the Army and the Navy of the United States of America have repeatedly publicized the fact that there is a serious shortage of physicians in the Medical Reserve Corps, the shortage being estimated in the thousands; and

"Whereas the houses of delegates of the medical societies of New York and New Jersey have gone on record as being overwhelmingly in favor of making women physicians eligible for the Medical Reserve Corps; and

"Whereas the Medical Reserve Corps Act of the Army makes no sex discrimination whatever, the sole requirement being that applicants be citizens of the United States with the proper professional training; and

"Whereas the taxpayers are being called upon to furnish huge sums of money for the building and equipping of hospitals and other buildings for the medical care of the Army and the Navy; and now is the time, while such buildings are in process of erection, to provide suitable quarters for women physicians in all such buildings, base hospitals, and other institutions where they may be assigned (lack of proper housing facilities being one of the arguments most commonly advanced as to why women physicians cannot be attached to hospital units): Therefore be it

"Resolved, That we the undersigned do hereby respectfully and earnestly request that women physicians be admitted to the Medical Reserve Corps of the United States Army upon the same terms as all the rest of its members and with all the privileges accorded thereto: and be it further

"Resolved, That a copy of this resolution be forwarded to the President of the United States, to the Secretary of War, and to the Surgeon General of the Army.

"Respectfully submitted.

"AMERICAN MEDICAL WOMEN'S ASSOCIATION, INC.

(By its officers, regional directors, chairman of standing committees, chairman of special committees.)"

The resolution to the Navy is in all respects identical except paragraph 8, concerning the Medical Reserve Corps Act, which was deleted and the following paragraph inserted: "Whereas the Medical Reserve Corps Act of the Army make no sex discrimination whatever, the sole requirement being that applicants be citizens of the United States with the proper professional training, and the Navy Regulations which, unlike the Army Regulations, restrict service in the Medical Reserve Corps to men, thereby declaring women ineligible, are easily

susceptible of amendment by the proper authorities; and" and in the final paragraph the following was deleted "to the Secretary of War and Surgeon General of the Army" and the following inserted "to the Secretary of the Navy and to the Surgeon General of the Navy."

Why are women physicians not admitted to the Medical Reserve Corps of the United States Army, when they are eligible, and at a time when there is an advertised shortage of physicians in the Medical Reserve Corps of between 1,000 and 2,000?

It is because Surgeon General James C. Magee of the United States Army does not think that women should belong. In a recent fundamental talk with General Magee, he stated that this is his conviction and that he feels there are many places in civil life and in civilian defense where women physicians' services could be utilized to much better advantage than in the Army. When pressed further I asked him whether a Surgeon General could change his mind if convincing arguments could be brought to the fore? He intimated that this would not be impossible.

Are the women physicians willing to leave this issue which is of vital importance to them on this anomalous basis? No; they are unwilling to do so. They want to find themselves in a dignified position with sufficient rank and authority to do a good job. They want the same pay and privileges as their brother physicians, the same protection in case of sickness or injury and, if called upon to make the supreme sacrifice, to be assured that their dependents will have the same protection. The Army and Navy have protected their women nurses along these lines. Should the women physicians receive less consideration?

Women physicians are told that positions are awaiting them in civil life, home defense, and public health services, where they can fill in the gaps left by men doctors who have gone into the service.

It has been woman's privilege from time immemorial to do the men's home work when they are away fighting, that goes without saying, and women have never shirked it. This, however, does not cover the present case. Most of these home defense jobs are voluntary, and many women can take them on in addition to a practice which makes them self-supporting. But there is a group (much smaller but very important in type) that must be considered which includes the woman who is not established and has no private practice to give her her living expenses. She must depend on a salaried job for maintenance while she is serving her country in time of war. Why should such a woman if she is professionally capable be debarred from taking an important job with proper rank and privilege? Indeed, it may be more appropriate that this unattached able woman should serve than some man who may have to relinquish his private practice and has a wife and children to care for. One hears of these public-health positions for women physicians, but it is quite shocking to find how relatively few important public-health jobs with proper salaries are held by women.

Again, it is argued that it would not be suitable for women physicians to go forward with the troops into action. This objection could seemingly be met by the common sense and sagacity of the officers assigning such positions. Why send a woman physician out with the troops when she might give invaluable help in a base hospital? I have in mind a number of superbly trained women in such various fields of medicine as contagion, tuberculosis, etc. Would not the American mother prefer one of these experienced skilled women in charge of her son battling for his life in some base hospital to having him in charge of some young recent male graduate with scant clinical training?

And how about our women surgeons, for we are having an increasing number of these? If they are as good as their brother surgeons and as ambitious, will they not want to go forward into action where they will see traumatic surgery and war injuries at first hand? The answer is, that that is just what they are doing. They are serving in England and British uniforms, receiving equal salary, rank, and privilege with the men physicians of the British Emergency Medical Service of the British Government. And it is a matter of further great interest that they are already filling teaching positions in medical schools and hospitals in London.

Times have changed. We are living in a new era where vital accomplishment, not sex, is the measuring rod. The American man and woman enjoy the greatest personal freedom in the world, and it is our fervent hope that democracy will always prevail in our midst. The woman physician has come through long years of hardship, privation, and self-sacrifice. She must evolve into her final best self where she has a right to make a decision as to how she will expend her energies in the service of her beloved country. Why should she be told that she must do

one type of work when she knows she can do another type better? This last shackle of injustice should be removed. Today we are dealing with a new type of war, and woman's job is irretrievably an integral part of it. Let her at least have the advantage of being a free woman before she takes up the burdens that war will bring.

I am therefore appealing to you, the men physicians of New York State who have so magnificently stood by your sister physicians, to write to Maj. Gen. James C. Magee, the Surgeon General, United States Army, Washington, D. C., and request him to consider favorably the appointment of women to the Medical Reserve Corps of the Army, and to write to Admiral Ross McIntire, the Surgeon General, United States Navy, Washington, D. C., and request him to have the restriction removed and women physicians declared eligible to the Medical Reserve Corps of the Navy.

And in making such possible decision please ask them to consider the woman physician of 1942 in relation to World War II and not judge her by the standards of privilege which prevailed in 1917.

EMILY DUNNING BARRINGER, M. D.,
President, American Medical Women's Association.

[Correspondence]

WAR AND THE WOMAN PHYSICIAN

TO THE EDITOR:

Inasmuch as Dr. Emily D. Barringer has written a letter to the men physicians of New York State, which was published in your number of January 15, 1942, requesting them to write to the heads of the military services urging the appointment of women physicians to active service in the Army and Navy, I think we are entitled to ask the women physicians a few questions.

Are they aware that a considerable part of the duties of a medical officer in the services consists in the inspection of the men for venereal disease and the treatment of such disease when discovered? Are they ambitious to assume this duty? And if so, do they imagine that the soldiers will enjoy their ministrations?

Or do they expect to be a privileged and more or less ornamental part of the Army and Navy, protected and coddled, while the men physicians perform the hard and disagreeable jobs?

The mobility of the services personnel, and their at least theoretical ability to perform any duty to which they might be assigned, is an essential requirement, especially in time of actual warfare. Also the matter of accommodation in quarters would present some pretty problems.

We should appreciate an answer to some of the above-suggested questions before we go all out for the appointment of women physicians to the services.

Yours fraternally,

E. C. McCULLOCH, M. D.,

Lieutenant Colonel, United States Army, Medical Corps, Retired.

JANUARY 23, 1942.

TO THE EDITOR:

In answer to the letter of Lt. Col. E. C. McCulloch, United States Army, retired, I would say that I consider it of the utmost importance to get down to a discussion of any possible basic reasons why women physicians should not be eligible for the Medical Reserve Corps of the United States Army and Navy and he has frankly stated where he sees the greatest difficulty—namely, in connection with the venereal diseases.

Before answering this question I wish to draw attention to the fact that I am referring to the Medical Reserve Corps and not the Medical Corps.

Quoting from (35 Stat. 66) April 23, 1908: "An act to increase the efficiency of the Medical Department of the United States Army" it states "that for the purpose of securing a Reserve Corps of Medical Officers available for Military Service, the President of the United States is authorized," etc. This Medical Reserve Corps, as I understand it, is made up of physicians who in peacetime do civilian practice, and after the National emergency return to civil practice.

Furthermore, I understand that the Medical Reserve is divided into two classes. The Volunteer General Reserve Officers are doctors under 35 years of age who are eligible to perform all the general duties of the regular medical officers; doctors who have recently graduated may join this group with rank of lieutenant. Then there are the volunteer specialist reserve officers who are under 50 years of age and who have specialist rating. They are given rank up to lieutenant commander depending on their experience and age. The specialties represented are surgery, orthopedies, ophthalmology, otolaryngology, radiology, internal medicine, neuropsychiatry, urology, and pathology.

This Nation is facing the most devastating war of its entire history. It has been widely advertised throughout the land that there is an acute shortage of doctors. Have we been misinformed on this point, or is it so? Where and how can the patriotic woman physician give her best? The vast majority of women physicians will find themselves doing civilian practice or home defense work. But there are a goodly number who are eligible for the Medical Reserve Corps as to age and health, are unattached, and want to find themselves with proper military rating. Again the majority of these women applying would come in the specialists' group. Would this group of specialists be called upon to examine a lot of young fellows who may or may not have contracted venereal disease? And so, in answering Dr. McCulloch, I feel that the problem of venereal diseases does not affect so large a group as he implies and is probably confined to the volunteer general Reserve officers under 53 years.

I believe any young woman physician applying in this general Reserve officer group should be well informed and skilled in genito-urinary surgery and the diagnosis and treatment of venereal disease. Fortunately, this training is not hard to get these days when this Nation-wide campaign against venereal disease has swept the country. While it is to be hoped that the Army and Navy will not unduly overrate the importance of venereal disease and offset the value of a woman physician in other fields, my answer is, if she must treat venereal disease, let her go to it and take it in her stride.

As to the question, "do they imagine the soldiers will enjoy their ministrations?" I can answer how I believe they will react, based on my own personal experience. In 1902 I found myself in a unique position as being the first woman intern appointed on a general mixed service in a city hospital with a heavy ambulance service (Gouverneur Hospital, New York City). The majority of the patients were men from every walk of life—soldiers, sailors, longshoremen, hucksters, gangsters. I knew I should run into this very problem of genitourinary work, and I was well prepared for it. Thanks to my professor of urology I had acquired more than usual skill in treating various types of cases. I learned one lesson early and that was that the physician who was most skillful was the one who was in greatest demand. During a 2 years' service (in which I progressed to house surgeon) I ran the full gamut of genitourinary surgery and the venereal diseases, and I can truthfully say that never once in thousands of cases did I have any trouble with a male patient. They were at all times respectful and grateful for what I tried to do. I had no trouble with the orderlies or on the ambulance where I handled hundreds of cases. All this was possible because I was in a position of authority, with power to have my orders obeyed. I did, however, meet with great opposition on the part of some of my fellow staff mates. I wonder if history is going to repeat itself? All this happened 40 years ago. Since then many other general hospitals have been opened to women physicians. The male venereal problem has been adjusted, in justice to everyone concerned.

The Army and Navy could also adjust this problem if they so willed.

It is just possible that a skillful and up-to-date woman physician might have a salutary effect on the young infected fellows in our camps and hospitals. Surely, at the present moment the Army and Navy are in no position with their rising venereal disease incidence rate to say that this would be impossible.

With regard to the women physicians expecting to be "a privileged and more or less ornamental part of the Army or Navy," I can assure Colonel McCulloch that this taunting remark is quite unnecessary and entirely out of keeping with the American woman physician's feeling. She thinks in possibly the opposite direction and believes that the men physicians are leaving the women physicians

to perform "the hard and disagreeable jobs" while they receive the military rating, better salaries, fuller protection. I believe Colonel McCulloch will find that the woman physician is quite equal to her brother in hard work, endurance, and loyalty and, if circumstances are such that she must shift quickly from one type of work to another, she will be as able as he in making the change.

As to the question of accommodations for women physicians, this surely is one feature that can be corrected now, while these huge sums of money are being expended in building new hospitals and camps. Every such building should be planned to accommodate a mixed staff of officers.

And so I would say to Colonel McCulloch and his friends, we are in the midst of a terrible national emergency; remember that a skillful physician, man or woman, is not developed overnight. It takes long years of hard work, self-denial, and often hardship. If there is an outstanding woman surgeon who applies, take her. If another woman can do fine plastic surgery, take her. If another is an authority on contagion, take her. Don't lose the value of these experienced skillful women because some of the younger group may have to thrash out the venereal disease problem and incidentally may show us older folks newer and better ways to do it.

The women physicians want to truly work shoulder to shoulder with their brothers and have all sex discrimination put aside. We are all physicians together in this terrific struggle to help win this war. I appeal to Colonel McCulloch and his friends to help us. I shall be glad to answer any further questions that I can.

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GUEST EDITORIAL—WOMEN PHYSICIANS AND THE MEDICAL RESERVE CORPS

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The problem of war-time rating for women physicians could speedily be simplified if certain fundamental changes could be made.

The difficulty lies in the fact that women physicians in peacetime have attained commensurate professional rating with their male colleagues—but in wartime our Government has seen fit to turn the hands of the clock back some 25 or more years and grant them less privileges than in World War I.

In the profession of medicine there should be no sex discrimination; the State recognizes none in granting licenses to practice, and demands of its women practitioners equal standards of professional behavior with its male registrants. The Government then in wartime should maintain them on the basis of equality and allow them full privileges in the Medical Reserve Corps of the United States Army and Navy. There would undoubtedly be certain necessary adjustments in the practical working out of the assignment of women physicians in service with the armed forces. The hardship or possible injustice to the male members of the Medical Reserve Corps is insignificant when compared to the gross injustice to the whole group of women physicians who are debarred from the privileges of the Medical Reserve Corps, because of these possible minor adjustments in the time honored traditions of the man-staffed Medical Reserve Corps.

One fact is certain. The women physicians could not possibly overrun the Medical Reserve Corps; there are too few of them in number, a minority of less than 5 percent of the total physicians of the United States, and all of them would not be eligible for military rating.

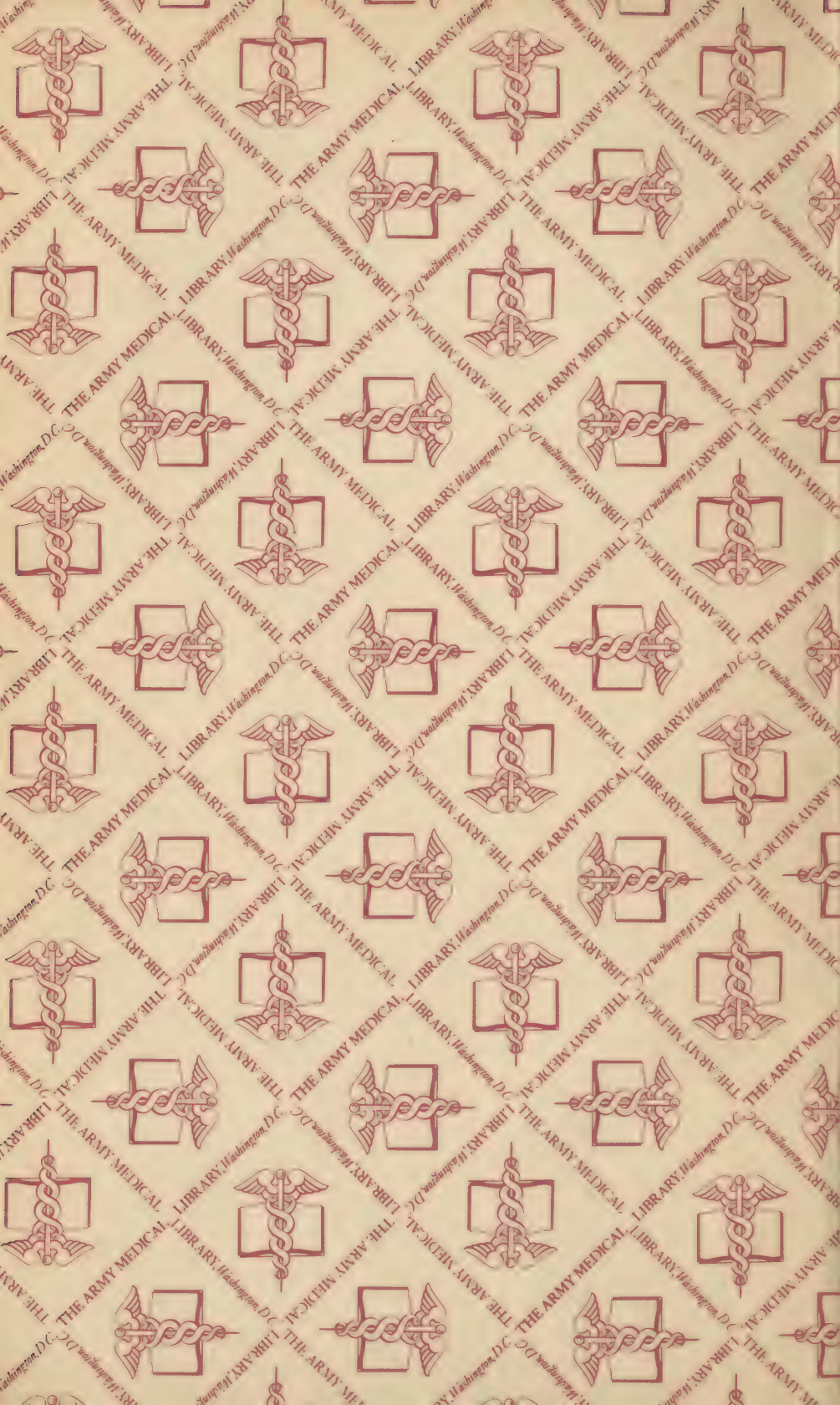
There are roughly some 8,000 women physicians in the United States; about 2,000 of these are probably retired, out of practice, or inactive. This leaves approximately 5,000 to 6,000 possible women for wartime service. The vast majority of these women will be on the home defense, in civilian practice, Public Health Service, industrial plants, and the like. Possibly 300 or more are actually of eligible qualifications for the Medical Reserve Corps as to age, education, experience, skill, etc., with about 600 to 700 young interns about to be graduated who may prove eligible.

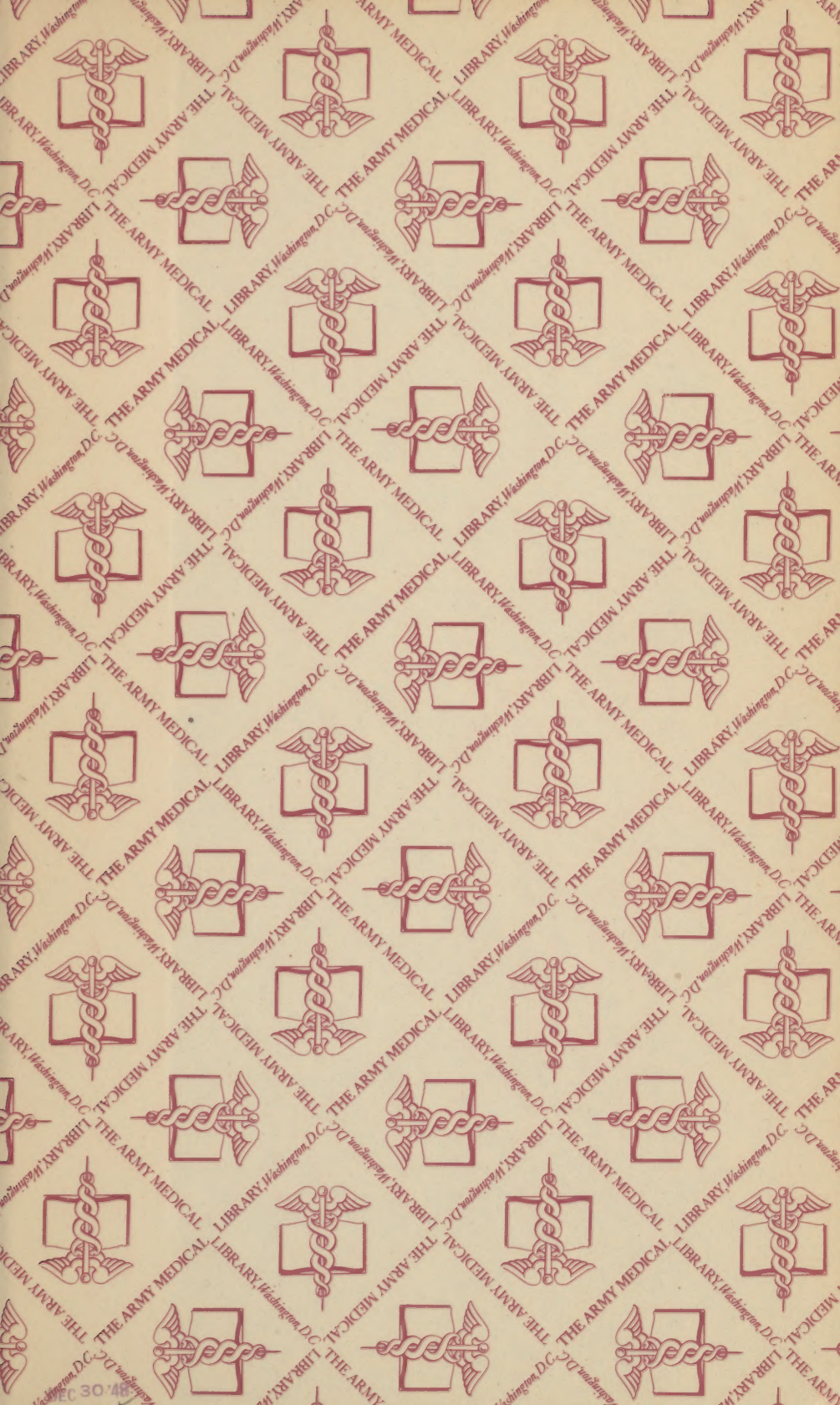
It is in this small group, however, that the finest and best equipped specialists will be found—women with skills that the Army and Navy cannot with good grace toss aside because of an outworn prejudice. In this group are anesthetists, roentgenologists, pathologists, bacteriologists; experts in general medicine, contagion, blood bank work, general surgeons, and specialists in eye, ear, nose, and throat, skin, and psychiatry. These skills were not acquired overnight. We owe to our men fighting all over the world to see they have the best.

In turn these women cannot be kept back from doing their biggest job, as evidenced by the fact that some of our finest women have gone to England and offered their services there. The Royal Army Medical Corps has granted full commissions to two of our outstanding women, giving them the rank of major and assigning them to military hospitals.

Why should the United States of America lag so far behind other countries of the United Nations? Great Britain, Canada have given full military rating to their women physicians—and they say that in far away Russia more than half of the physicians at the front with the Army are women. This is indeed a shocking reflection on our United States that has always been forward looking and modern in its policy. It is a matter that our Government and organized medicine should take cognizance of at once.

The Medical Society of the State of New York has unanimously gone on record as approving full membership in the Medical Reserve Corps for women physicians. New Jersey has done likewise with a similar vote. If the State medical societies throughout the Union give this matter equal serious consideration, proper war-time rating for women physicians would probably cease to be a problem.





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